

**Intake/Interview & Quality Review Sheet****You will need:**

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

## • Please complete pages 1-4 of this form.

- You are responsible for the information on your return. Please provide complete and accurate information.
- If you have questions, please ask the IRS-certified volunteer preparer.

Volunteers are trained to provide high quality service and uphold the highest ethical standards.

To report unethical behavior to the IRS, email us at [wi.voltax@irs.gov](mailto:wi.voltax@irs.gov)**Part I – Your Personal Information** (If you are filing a joint return, enter your names in the same order as last year's return)

|                                                                                                                                                                                          |                            |                                                                                                                                |                     |                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Your first name                                                                                                                                                                       | M.I.                       | Last name                                                                                                                      | Best contact number | Are you a U.S. citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                        |
| 2. Your spouse's first name                                                                                                                                                              | M.I.                       | Last name                                                                                                                      | Best contact number | Is your spouse a U.S. citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                 |
| 3. Mailing address                                                                                                                                                                       |                            | Apt #                                                                                                                          | City                | State ZIP code                                                                                                                                             |
| 4. Your Date of Birth                                                                                                                                                                    | 5. Your job title          | 6. Last year, were you:<br>b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No        |                     | a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No<br>c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Your spouse's Date of Birth                                                                                                                                                           | 8. Your spouse's job title | 9. Last year, was your spouse:<br>b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No |                     | a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No<br>c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure                                         |                            |                                                                                                                                |                     |                                                                                                                                                            |
| 11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                                                                                                                                |                     |                                                                                                                                                            |
| 12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)                                                             |                            |                                                                                                                                |                     |                                                                                                                                                            |

**Part II – Marital Status and Household Information**

|                                                           |                                            |                                                                                                                                           |
|-----------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| 1. As of December 31, 2021, what was your marital status? | <input type="checkbox"/> Never Married     | (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)                             |
|                                                           | <input type="checkbox"/> Married           | a. If Yes, Did you get married in 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No                                          |
|                                                           | <input type="checkbox"/> Divorced          | b. Did you live with your spouse during any part of the last six months of 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                           | <input type="checkbox"/> Legally Separated | Date of final decree _____                                                                                                                |
|                                                           | <input type="checkbox"/> Widowed           | Date of separate maintenance decree _____                                                                                                 |
|                                                           |                                            | Year of spouse's death _____                                                                                                              |

## 2. List the names below of:

- **everyone** who lived with you last year (other than your spouse)
- **anyone** you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

|                                                                  |                          |                                                                     |                                               |                     |                                                      |                                        |                                      |                                           | <b>To be completed by a Certified Volunteer Preparer</b>                 |                                                                            |                                                                |                                                                                    |                                                                                                 |
|------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------|-----------------------------------------------|---------------------|------------------------------------------------------|----------------------------------------|--------------------------------------|-------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Name (first, last) Do not enter your name or spouse's name below | Date of Birth (mm/dd/yy) | Relationship to you (for example: son, daughter, parent, none, etc) | Number of months lived in your home last year | US Citizen (yes/no) | Resident of US, Canada, or Mexico last year (yes/no) | Single or Married as of 12/31/21 (S/M) | Full-time Student last year (yes/no) | Totally and Permanently Disabled (yes/no) | Is this person a qualifying child/relative of any other person? (yes/no) | Did this person provide more than 50% of his/her own support? (yes,no,n/a) | Did this person have less than \$4,300 of income? (yes,no,n/a) | Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a) | Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no) |
| (a)                                                              | (b)                      | (c)                                                                 | (d)                                           | (e)                 | (f)                                                  | (g)                                    | (h)                                  | (i)                                       |                                                                          |                                                                            |                                                                |                                                                                    |                                                                                                 |
|                                                                  |                          |                                                                     |                                               |                     |                                                      |                                        |                                      |                                           |                                                                          |                                                                            |                                                                |                                                                                    |                                                                                                 |
|                                                                  |                          |                                                                     |                                               |                     |                                                      |                                        |                                      |                                           |                                                                          |                                                                            |                                                                |                                                                                    |                                                                                                 |
|                                                                  |                          |                                                                     |                                               |                     |                                                      |                                        |                                      |                                           |                                                                          |                                                                            |                                                                |                                                                                    |                                                                                                 |

Check appropriate box for each question in each section

| Yes                      | No                       | Unsure                   | Part III – Income – Last Year, Did You (or Your Spouse) Receive                                                                                                                                                                                                                                             |
|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____                                                                                                                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. (A) Tip Income?                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. (B) Scholarships? (Forms W-2, 1098-T)                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)                                                                                                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. (B) Refund of state/local income taxes? (Form 1099-G)                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. (B) Alimony income or separate maintenance payments?                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash, virtual currency, or other property or services)                                                                                                                                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. (A) Cash/check/virtual currency payments, or other property or services for any work performed not reported on Forms W-2 or 1099?                                                                                                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. (A) Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency or Real Estate? (including your home) (Forms 1099-S, 1099-B)                                                                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)                                                                                                                                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)                                                                                                                                                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. (B) Unemployment Compensation? (Form 1099G)                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)                                                                                                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. (M) Income (or loss) from Rental Property?                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, virtual currency, Sch K-1, royalties, foreign income, etc.)                                                                                                                                                                            |
| Yes                      | No                       | Unsure                   | Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay                                                                                                                                                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Contributions or repayments to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other                                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)                                                                                                                                                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098)<br><input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. (B) Child or dependent care expenses such as daycare?                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?                                                                                                                                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. (A) Expenses related to self-employment income or any other income you received?                                                                                                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. (B) Student loan interest? (Form 1098-E)                                                                                                                                                                                                                                                                 |
| Yes                      | No                       | Unsure                   | Part V – Life Events – Last Year, Did You (or Your Spouse)                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)                                                                                                                                                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)                                                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. (A) Adopt a child?                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____                                                                                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. (A) Receive the First Time Homebuyers Credit in 2008?                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____                                                                                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. (B) Receive an Economic Impact Payment (stimulus) in 2021?                                                                                                                                                                                                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. (B) Receive Advanced Child Tax Credit payments?                                                                                                                                                                                                                                                         |

**Additional Information and Questions Related to the Preparation of Your Return**

1. Would you like to receive written communications from the IRS in a language other than English? ☐ Yes ☐ No If yes, which language? \_\_\_\_\_
2. Presidential Election Campaign Fund *(If you check a box, your tax or refund will not change)*  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund ☐ You ☐ Spouse
3. If you are due a refund, would you like: a. Direct deposit ☐ Yes ☐ No b. To purchase U.S. Savings Bonds ☐ Yes ☐ No c. To split your refund between different accounts ☐ Yes ☐ No
4. If you have a balance due, would you like to make a payment directly from your bank account? ☐ Yes ☐ No
5. Did you live in an area that was declared a Federal disaster area? ☐ Yes ☐ No If yes, where? \_\_\_\_\_
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? ☐ Yes ☐ No

**Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding . Your answer will be used only for statistical purposes. These questions are optional.**

7. Would you say you can carry on a conversation in English, both understanding & speaking? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
8. Would you say you can read a newspaper or book in English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
9. Do you or any member of your household have a disability? ☐ Yes ☐ No ☐ Prefer not to answer
10. Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☐ No ☐ Prefer not to answer
11. Your race?  
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to answer
12. Your spouse's race?  
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to answer  
☐ No spouse
13. Your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer
14. Your spouse's ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer ☐ No spouse

Additional comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice**

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

### Optional questions for AARP Foundation continued...

15. What is your current gender identity? ☐ Male ☐ Female ☐ Transgender ☐ Prefer to self-describe ☐ Prefer not to answer
16. What is your spouse's current gender identity? ☐ Male ☐ Female ☐ Transgender ☐ Prefer to self-describe ☐ Prefer not to answer  
☐ No spouse
17. Do you have a permanent disability or chronic condition that hinders or limits the amount or kind of activities you do?  
☐ Yes ☐ No ☐ Prefer not to answer
18. Does your spouse have a permanent disability or chronic condition that hinders or limits the amount or kind of activities you do?  
☐ Yes ☐ No ☐ Prefer not to answer
19. How many people, including you, are part of your household? (Your household includes you and the number of other people financially supported by your annual household income.) *(select one)*  
☐ 1 (yourself) ☐ 2 ☐ 3 ☐ 4 or more ☐ Prefer not to answer
20. We realize that income is a private matter and want to respect that privacy. So rather than ask anything specific about your income, please indicate your annual household income last year. *(select one)*  
☐ \$32,000 or less ☐ \$32,001 – \$40,000 ☐ \$40,001 – \$51,000 ☐ \$51,001 – \$61,000  
☐ \$61,001 – \$71,000 ☐ \$71,001 – \$82,000 ☐ \$82,001 – \$166,000 ☐ \$166,001 or more  
☐ Prefer not to answer
21. Did you save part of your tax refund last year?  
☐ No refund last year ☐ Yes ☐ No ☐ Don't remember ☐ Prefer not to answer
22. Do you rent or own your home?  
☐ Rent ☐ Own ☐ Neither ☐ Prefer not to answer
- 

### Opportunity to Save Your Refund

Whether you want to save for an upcoming purchase, unexpected expenses, or things that are important to you, tax time provides a key opportunity to plan for your future financial security.

In past seasons, Tax-Aide users have either deposited some of their refund into a savings account or purchased a \$50 savings bond. If you wish to start or continue saving your tax refund this year, let your Tax-Aide Counselor know.

---

## How to Use this Intake Booklet

---

Welcome to our AARP Foundation Tax-Aide site. This Intake Booklet is one of the primary ways for you to provide information to the volunteer who will prepare your tax return. In addition to any paperwork you brought, this information will help give us a more complete picture of your tax situation and will also allow you to give us permission to take certain actions. Please complete the Booklet in its entirety and take a look at the following information to help you decide if you wish to give your consents and answer certain questions. **Your answers will not affect the preparation of your tax return.**

---

**Demographic Questions:** These are questions about you (and your spouse, if filing jointly). The data from these questions are used for statistical and program planning purposes.

---

**Consent to Disclose Tax Return Information to VITA/TCE Tax Preparation Sites.** If you had your tax return prepared at this site last year, some of your information (name, address, dependents, payers, etc.) will automatically appear when we prepare your return this time. You can also conveniently have your information available at any other AARP Foundation Tax-Aide or VITA Site. Sign this form if you want your information to be available at any AARP Foundation Tax-Aide or VITA Site you decide to use next year

---

**Consent to Disclose/Use Information to AARP Foundation.** Sign this form if you want to allow information from your tax return, including answers to demographic questions, to be provided to the program sponsor – AARP Foundation Tax-Aide – to assist in program development, to help support the funding of this free service and to send you other AARP Foundation program information if requested.

---

**Consent for AARP Foundation to use select tax return information to provide you with additional information about other free AARP Foundation programs or services.** In addition to AARP Foundation Tax-Aide, AARP Foundation helps older adults with low income secure the essentials, including good jobs, eligible benefits, crucial refunds, and sustaining social connections through a variety of programs and services. Some or all of these programs or services may be relevant to you. Sign this form if you want to allow AARP Foundation—the charitable affiliate of AARP—to send you information about free programs and services. Your data will not be shared with AARP or AARP's licensed service providers for the purposes of membership marketing or paid offers.

## Consent to Disclose Tax Return Information to VITA/TCE Tax Preparation Sites

### Federal Disclosure:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

### Terms:

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software, to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season. This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year. This consent is valid through November 30, 2023.

The tax return information that will be disclosed includes, but is not limited to, demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return. This information includes your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return. The tax return information that will be disclosed also includes the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year. Global Carry Forward will assist you only if you visit a different VITA or TCE partner next year that uses TaxSlayer.

*Limitation on the Duration of Consent:* I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 30, 2023). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

*Limitation on the Scope of Disclosure:* I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

### Consent:

I/we, the taxpayer, have read the above information.

I/we hereby consent to the disclosure of tax return information described in the Global Carry Forward terms above and allow the tax return preparer to enter a PIN in the tax preparation software on my behalf to verify that I/we consent to the terms of this disclosure.

|                                               |      |
|-----------------------------------------------|------|
| Primary taxpayer printed name and signature   | Date |
| Secondary taxpayer printed name and signature | Date |

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

---

## Consent to Disclose/Use Information to AARP Foundation

---

### Federal Disclosure

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

### Terms:

I/We authorize the AARP Foundation as follows:

**3 Years-Disclosure:** Tax Preparer will disclose the Personal Information to the Software Developer through Software Developer's tax preparation program. The Software Developer will disclose the Personal Information to AARP Foundation.

**3 Years-Purpose of the Disclosure/Use** is for the Software Developer to make available the Taxpayer's Personal Information as entered in the tax return to AARP Foundation in order for it to provide reporting, support and administrative assistance to the tax preparer.

**Personal Information:** The tax return information that will be disclosed includes—but is not limited to—demographic, financial and other personally identifiable information, about you, your tax return, your sources of income, and any other data that was input into the tax preparation software.

**Limitation on the Duration of Consent:** I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure/use of tax return information to a date earlier than three years. If I/we wish to limit the duration of the disclosure/use to an earlier date, I will deny consent.

**Limitation on the Scope of Disclosure:** I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

|                                               |      |
|-----------------------------------------------|------|
| Primary taxpayer printed name and signature   | Date |
| Secondary taxpayer printed name and signature | Date |

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

---

## Consent for AARP Foundation to use select tax return information to provide you with additional information about other free AARP Foundation programs or services

---

### Federal Disclosure

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

### Terms:

The AARP Foundation Tax-Aide program is one of several free programs or services that AARP Foundation provides in support of low-income and vulnerable older Americans. In addition to AARP Foundation Tax-Aide, AARP Foundation helps older adults with low income secure the essentials, including good jobs, eligible benefits, crucial refunds, and sustaining social connections through a variety of programs and services. Some or all of these programs or services may be relevant to you. If you would like AARP Foundation to use your tax return information to help determine whether other free AARP Foundation programs or services might be available and relevant to you, and to send you details about how to access these programs or services, please sign and date this consent for the use of your tax return information.

I/We authorize AARP Foundation as follows:

**3 Years-Purpose:** The purpose of the Use is for AARP Foundation to use your tax return information to determine whether to provide you additional information about other free AARP Foundation programs or services.

**Personal Information:** The tax return information that will be used includes your contact information (name, address, email address, phone number), age, adjusted gross income, race and ethnicity, household size and income, refund allocations, credits, property ownership, and schedules used.

**Limitation on the Duration of Consent:** I/we, the taxpayer, do not wish to limit the duration of the consent of the use of tax return information to a date earlier than three years. If I/we wish to limit the duration of the use to an earlier date, I/we will deny consent.

|                                               |      |
|-----------------------------------------------|------|
| Primary taxpayer printed name and signature   | Date |
| Secondary taxpayer printed name and signature | Date |

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).