AARP Foundation Tax-Aide

Josephine County – Grants Pass & Cave Junction

How Your Tax Return Will be Prepared

We will prepare your return following the IRS and Tax-Aide requirements for Drop-Off service. **Prior to arriving at the site for your appointment please read and complete the enclosed documents and collect all your tax documents. If not complete when you arrive for your appointment, you will be turned away.**

On the day of your appointment, please arrive at your scheduled appointment time. Tax-Aide volunteers, in your presence, will review your documents and complete a short Interview based on the documents that you provide. After the Interview is complete, volunteers will inventory your tax documents and ask you to verify that inventory.

You will then leave. We will scan your documents, forms, and worksheets for Tax-Aide Counselors to prepare your return at their home. The Counselor will call you on your phone with questions, if any. The Reviewer will call you regarding your return and arrange for you to receive your return for your signature(s) either in person or electronically. In both cases, you will need to sign an IRS form that will allow us to electronically file your return. **Note: the phone number on your caller ID will either be "Private" or "541-450-9860".**

Meanwhile, your documents will be stored in locked, secure storage for your pickup. You will be asked to verify that all the documents you provided to us were returned to you.

If you have questions on this process, please send an email to inquiry@joco-freetaxes.com or call 541-450-9860. Include your name, phone number, and a detailed message. We will get back to you. Email will garner the fastest response.

See other side for explanation and use of the forms in this packet.

Pre-Appointment Packet Contents

1. ***Required*: Form 14446 –** Your signature(s) are required on page 3 giving us permission to prepare your return using this "drop off" method. Pages 1 & 2 explain about the Dropoff process we will be using. We will **NOT** be able to prepare your return without this signed document.

2. **What to Bring to Your Appointment –** This is a check off list of all possible forms that we may need for your tax return. It is two-sided. **Please remove all documents from their envelopes and have the documents fully opened and flat.**

3. ***Required*: Intake Booklet –** You must complete the entire booklet especially the first two pages prior to your appointment.

4. **Itemized Deduction worksheet –** An aid for you to organize your deductions. Medical portion important for those over the age of 65. Complete this before your appointment. We will **not** be able to fill it out for you when you arrive, and we will **not** sort through your receipts or statements.

5. **Economic Impact Payment Worksheet –** Complete the worksheet and bring letters or other documentation regarding Economic Impact Payments and any **Advanced Child Tax Credits** you may also have received.
    a. **Self-Employed Worksheet –** If you have a small business, this is an aid to help you organize your expenses and **must** be completed prior to your appointment.

6. **Education Credits Worksheet –** An aid for you to pre-answer questions regarding education expenses for you or your dependents. Please bring the account statement from the educational institution.

Form **14446** (November 2021)	Department of the Treasury - Internal Revenue Service **Virtual VITA/TCE Taxpayer Consent**	OMB Number 1545-2222

This form is required whenever the taxpayer's tax return is completed and/or quality reviewed in a non-face-to-face environment. The site must explain to the taxpayer the process used to prepare the taxpayer's return. If applicable, volunteers must advise taxpayers of the associated risk of transferring their data from one site location to another site.

Part I - To be completed by the VITA/TCE site:

Site name

UCAN/RSVP

Site address *(street, city, state, zip code)*

900 SE 8th STREET GRANTS PASS, OREGON 97526

Site identification number (SIDN)	Site coordinator name
S63054522	KATHIE SAUNDERS
Site contact name	**Site contact telephone number**
DOROTHY YETTER	541-223-9597 or JOCO-FREETAXES.COM

This site is using the following Virtual VITA/TCE method(s) to prepare your tax return:

☒ **A. Drop Off Site:** This site uses a drop off process which includes the site maintaining personal identifiable information *(social security numbers, Form W-2, etc.)* to prepare the tax return at the same site but at a later time. In this process, you will come back to the same site for the quality review and/or signing the completed tax return. The site must explain the method it uses to contact you if additional information is needed.

☐ **B. Intake Site:** This method includes the taxpayer leaving their personal identifiable information *(social security numbers, Form W-2 and other documents)* at the site in order to prepare and/or quality review the tax return at another location. In this process, the taxpayer's tax return information may be sent to another location for one or more of the following reasons; interviewing the taxpayer, preparing the tax return, or performing a quality review. The taxpayer may come back to the intake site for the quality review or to review and sign the completed tax return.

☐ **C. Return Preparation and/or Quality Review Only Site:** This site may receive returns from one or more intake sites to prepare and/or quality review returns. This site generally does not take walk-in or appointments from other taxpayers in their location.

☐ **D. Combination Site:** This site prepares returns for other permanent or temporary intake sites and assist walk in and appointment only taxpayers within their location.

☐ **E. 100% Virtual VITA/TCE Process**: This method includes non face-to-face interactions with the taxpayer and any of the VITA/TCE volunteers during the intake, interview, return preparation, quality review, and signing the tax return. The site must explain the process and consent. This includes the virtual procedures to send required documents (social security numbers, Form W-2 and other documents) through a secured file sharing system to a designated volunteer for review.

Part II: The Sites Process:

Explain how each process will be followed to assist taxpayers remotely. How will the site manage:

1. Scheduling the appointment
Taxpayers will contact a published site appointment line or make on-line appointments through the Tax-Aide Site Locator.

2. Securing Taxpayer Consent Agreement
Taxpayers receive a detailed explanation of the processes used for intake, return preparation, quality review, taxpayer return acceptance, efiling, and how/when documents will be returned / destroyed. Explanations are provided verbally at initial contact and again at the first their appointment. A pre-filled 14446 is provided to the taxpayer for signature before the intake interview is started.

3. Performing the Intake Process *(secure all documents)*
Taxpayer provides Photo Identification, completed Intake Booklet (13614-c), signed 14446, and all tax documents. A certified Counselor conducts a thorough In-Person intake interview including verification of taxpayers' identification and social security information. All other documents are checked in, inventoried, and put in secure storage. Taxpayer leaves the site with an appointment to return no more than 7 calendar days later.

4. Validating taxpayer's authentication *(Reviewing photo identification & Social Security Cards/ITINS)*

Taxpayer Identification and allowable forms of Social Security number / ITINS documentation are verified during the intake interview appointment.

5. Performing the interview with the taxpayer(s)

A thorough In-Person intake interview takes place at the first appointment

6. Preparing the tax return
All documents are checked out of secure storage by a certified Counselor and return is prepared using TaxSlayer Pro Online software over a secure Internet connection. The Counselor will contact the taxpayer by telephone to resolve any questions that arise during preparation of the return. 8879 Status will be marked "Ready for Review" in Custom Question section of TaxSlayer. Documents are returned to secure storage when return preparation is complete.

7. Performing the quality review
All documents are checked out of secure storage by a certified Counselor who will review the return using TaxSlayer Pro Online software over a secure Internet connection. The reviewer will contact the taxpayer by telephone to resolve any questions that arise during quality review of the return. 8879 Status will be marked "Awaiting Signature" in Custom Question section of TaxSlayer. Documents are returned to secure storage when quality review is complete.

8. Sharing the completed return

A certified Counselor reviews the completed return with the taxpayer in person during the second appointment.

9. Signing the return
The Form 8879 is explained to taxpayer once they approve the return. Taxpayer will sign the 8879 in presence of the Counselor with whom they reviewed the return. All taxpayer documents are returned and Document Inventory updated with taxpayer verifying they received all of the documents left in their first appointment.

10. E-filing the tax return

The return will e-filed within 24 hours of taxpayer signing the Form 8879. Any e-file rejection will be addressed with the taxpayer via telephone following IRS guidelines of rejection correction.

Page three of this form will be maintained at the site with all other required documents.

Part III: Taxpayer Consents:

Request to Review your Tax Return for Accuracy:

To ensure you are receiving quality services and an accurately prepared tax return at the volunteer site, IRS employees randomly select free tax preparation sites for review. If errors are identified, the site will make the necessary corrections. IRS does not keep any personal information from your reviewed tax return and this allows them to rate our VITA/TCE return preparation programs for accurately prepared tax returns. If you do not wish to have your return included as part of the review process, it will not affect the services provided to you at this site. If the site preparing this return is selected, do you consent to having your return reviewed for accuracy, by an IRS employee?

☐ Yes ☐ No

Virtual Consent Disclosure:

If you agree to have your tax return prepared and your tax documents handled in the above manner, your signature and/or agreement is required on this document. Signing this document means that you are agreeing to the procedures stated above for preparing a tax return for you. (If this is a Married Filing Joint return both spouses must sign and date this document.) If you chose not to sign this form, we may not be able to prepare your tax return using this process. Since we are preparing your tax return virtually, we have to secure your consent agreeing to this process. If you consent to use these non-IRS virtual systems to disclose or use your tax return information, Federal law may not protect your tax return information from further use or distribution in the event these systems are hacked or breached without our knowledge. 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. 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. While the IRS is responsible for providing oversight requirements to Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) programs, these sites are operated by IRS sponsored partners who manage IRS site operations requirements and volunteer ethical standards. In addition, the locations of these sites may not be in or on federal Property.

I am agreeing to use this site's Virtual VITA/TCE Process ☒ Yes ☐ No

Printed name		Printed name *(spouse if married filing joint)*	
Date of birth	Last four digits Social Security/ITIN number	Date of birth	Last four digits Social Security/ITIN number
Date	Telephone number	Date	Telephone number
Email address		Email address	
Signature *(electronic)* **OR**		Signature *(electronic)* **OR**	
Signature *(type/print)*		Signature *(type/print)*	

Form **13614-C**
(October 2021)

Department of the Treasury - Internal Revenue Service

Intake/Interview & Quality Review Sheet

OMB Number
1545-1964

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

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? ☐ Yes ☐ No
2. Your spouse's first name	M.I.	Last name	Best contact number	Is your spouse a U.S. citizen? ☐ Yes ☐ No

3. Mailing address	Apt #	City	State	ZIP code

4. Your Date of Birth	5. Your job title	6. Last year, were you:					
		a. Full-time student	☐ Yes	☐ No			
		b. Totally and permanently disabled	☐ Yes	☐ No	c. Legally blind	☐ Yes	☐ No
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse:					
		a. Full-time student	☐ Yes	☐ No			
		b. Totally and permanently disabled	☐ Yes	☐ No	c. Legally blind	☐ Yes	☐ No

10. Can anyone claim you or your spouse as a dependent? ☐ Yes ☐ No ☐ Unsure

11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? ☐ Yes ☐ 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?
   - ☐ Never Married
   - ☐ Married
   - ☐ Divorced
   - ☐ Legally Separated
   - ☐ Widowed

   (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
   a. If Yes, Did you get married in 2021? ☐ Yes ☐ No
   b. Did you live with your spouse during any part of the last six months of 2021? ☐ Yes ☐ No
   Date of final decree _____
   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

Name *(first, last)* Do not enter your name or spouse's name below (a)	Date of Birth *(mm/dd/yy)* (b)	Relationship to you *(for example: son, daughter, parent, none, etc)* (c)	Number of months lived in your home last year (d)	US Citizen *(yes/no)* (e)	Resident of US, Canada, or Mexico last year *(yes/no)* (f)	Single or Married as of 12/31/21 *(S/M)* (g)	Full-time Student last year *(yes/no)* (h)	Totally and Permanently Disabled *(yes/no)* (i)	**To be completed by a Certified Volunteer Preparer**				
									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)*

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You *(or Your Spouse)* Receive
☐	☐	☐	1. (B) Wages or Salary? (Form W-2) **If yes, how many jobs did you have last year?** _____
☐	☐	☐	2. (A) Tip Income?
☐	☐	☐	3. (B) Scholarships? (Forms W-2, 1098-T)
☐	☐	☐	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☐	☐	5. (B) Refund of state/local income taxes? (Form 1099-G)
☐	☐	☐	6. (B) Alimony income or separate maintenance payments?
☐	☐	☐	7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash, virtual currency, or other property or services)
☐	☐	☐	8. (A) Cash/check/virtual currency payments, or other property or services for any work performed not reported on Forms W-2 or 1099?
☐	☐	☐	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)
☐	☐	☐	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
☐	☐	☐	11. (A) Retirement income or payments from Pensions. Annuities, and or IRA? (Form 1099-R)
☐	☐	☐	12. (B) Unemployment Compensation? (Form 1099G)
☐	☐	☐	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
☐	☐	☐	14. (M) Income (or loss) from Rental Property?
☐	☐	☐	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
☐	☐	☐	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☐	☐	☐	2. Contributions or repayments to a retirement account? ☐ IRA (A) ☐ 401K (B) ☐ Roth IRA (B) ☐ Other
☐	☐	☐	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
☐	☐	☐	4. Any of the following? ☐ (A) Medical & Dental (including insurance premiums) ☐ (A) Mortgage Interest (Form 1098) ☐ (A) Taxes (State, Real Estate, Personal Property, Sales) ☐ (B) Charitable Contributions
☐	☐	☐	5. (B) Child or dependent care expenses such as daycare?
☐	☐	☐	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
☐	☐	☐	7. (A) Expenses related to self-employment income or any other income you received?
☐	☐	☐	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You *(or Your Spouse)*
☐	☐	☐	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
☐	☐	☐	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)
☐	☐	☐	3. (A) Adopt a child?
☐	☐	☐	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
☐	☐	☐	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
☐	☐	☐	6. (A) Receive the First Time Homebuyers Credit in 2008?
☐	☐	☐	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
☐	☐	☐	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
☐	☐	☐	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
☐	☐	☐	10. (B) Receive an Economic Impact Payment (stimulus) in 2021?
☐	☐	☐	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.

Form **15080**
(October 2021)

Department of the Treasury - Internal Revenue Service

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.

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.

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

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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

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Josephine County Tax-Aide: What to Bring to your Appointment

★Must Bring!

Identification - REQUIRED

☐	**Photo ID** – Driver's license or state ID preferred ★
☐	**Social security cards** or ITIN numbers and **birthdates** for all on the return ★
☐	Social security or ITIN number for ex-spouse if receiving or paying alimony
☐	IRS identity protection PINs (IPPIN) if anyone has one
☐	**A copy of the previous year's return -- Don't Have?? -- Go to the IRS website and get a copy: https://www.irs.gov/individuals/get-transcript** ★
☐	Proof of bank account routing and account numbers for direct deposit (or payment)

Income information

☐	**IMPORTANT**: Any letters or other documentation received from the IRS that mention: (a) **Economic Impact or Recovery Rebate** payments you received (check https:///www.irs.gov/coronavirus/get-my-payment if unsure of receipt) (b) **Advanced Child Tax Credit** payments you received
☐	**W-2** forms from all employers
☐	**W-2G** forms for any gambling winnings and a record of losses if available
☐	**SSA-1099, RRB-1099** social security forms -- Have lump sum payment for multiple years? Need tax returns for those years.
☐	**1099-R, RRB-1099-R, CSA-1099/R** forms from annuities or pensions If box 9b has an amount shown, **the date of retirement or first annuity payment**
☐	**1099-MISC** forms for oil/gas royalties, jury duty
☐	**1099-B** forms and capital gains, often included in **broker statements** (bring ALL broker statement pages)
☐	**1099-C** cancellation of debt (for non-business credit cards only)
☐	**1099-DIV** forms, often included in broker statements
☐	**1099-G** forms from state refunds or unemployment payments
☐	**1099-INT** forms from bank accounts. If interest is under $10, one may not be issued, so bring the amount of interest (it's still taxable)
☐	**1099-OID** forms, often included in broker statements
☐	**1099-S** forms from real estate transactions, if any. If you sold a home, bring sales and original purchase document also.
☐	**K-1s** from oil/gas royalties, partnerships or trusts
☐	Rental received (**only land** – all other rentals need professional help unless active military)
☐	**Alimony** received (and ex-spouse social security number)
☐	**Self-Employment: See separate worksheet**.

Deductions

remember – itemizing helps on the Oregon return!

☐	**Medical expenses – See separate Itemized Deduction Worksheet**
☐	**Contributions and other deductions – See separate Itemized Deduction Worksheet**
☐	**1098 forms showing mortgage interest** payments
☐	**1098-E** student loan interest statements
☐	**1098-T** tuition statements and Scholarship information – **See separate Education Credit Worksheet**
☐	**Classroom supply expenses for teachers**
☐	**Energy Credit postcard**/notification from Oregon
☐	**Child care costs** – name, address, tax ID, amount paid

Other

☐	**1095-A** for ACA Premium Tax Credit information
☐	**1099-LTC** forms to document long term care benefits
☐	**1099-Q** forms from qualified education programs
☐	**1099-SA** forms showing distributions from health savings accounts
☐	**5498** forms showing IRA contributions
☐	**5498-SA** forms showing health savings account information
☐	**Form 982 –** forgiveness of main home mortgage
☐	**Estimated tax payments** made
☐	**Prior year refund applied to this year**
☐	**Carry-over capital gains losses** from the previous year
☐	**Carry-over state credits** from the previous year(s) such as Child Care Credit
☐	**Any tax-related communication from Oregon or the IRS during the past year**

Reminder –

- **Taxpayer is/are responsible for the accuracy of their return.**

About Economic Impact Payments

- Check your bank records. You may have received a “Card”. If you lost it, contact Metabank Customer Service 800-919-9835
- A credit can be claimed on your 2021 return if you did not receive the full amount you are entitled. That credit will be rejected if IRS records show you received the full payment.

Itemized Deduction and Credit Worksheet -- Tax Year 2021

Taxes you paid

1	Real estate taxes	$ -
2	Personal property taxes	$ -
3	Other taxes (explain)	$ -
4		$ -

Interest you paid

1	Home mortgage interest (reported on Form 1098)	$ -
2	Home mortgage interest (not reported on Form 1098)	$ -
3		$ -

Property donated to charities for which you have receipts

1		$ -
2		$ - Total:

Cash gifts to charities for which you have receipts

1	Church	$ -
2	Other charities	$ - Total:

Miscellaneous Deductions

1	Gambling losses to the extent of winnings	$ -

CREDITS

1	Estimated Federal Tax Payments	1-	2-	3-	4-
2	Estimated State Tax Payments	1-	2-	3-	4-
3	Political Contributions				
4	Other: Please describe				

NOTE. You will need to go to a paid preparer if any of the following:

*** Donated a vehicle over $500**

*** Donated more than $5000 in non-cash**

*** Paid interest on borrowings for investments**

*** Repaid prior yr income tax over $3000**

Itemized Deductions for TY2021

Taypayer name/s	Last	TP	Spouse

Medical Paid Out of Pocket	**Total**	**Taxpayer**	**Spouse**	**Dependents**
Medical mileage round trip total	-			
Medicare Premiums (for computing Special Med Sub)	-			

1	Medical insurance premiums (Not Medicare)	$ -	$ -	$ -	$ -
2	Doctors, dentists, copays	$ -	$ -	$ -	$ -
3	Prescription drugs	$ -	$ -	$ -	$ -
4	Laboratory services	$ -	$ -	$ -	$ -
5	Nursing help (not for healthy baby or housework)	$ -	$ -	$ -	$ -
6	Hospital bills	$ -	$ -	$ -	$ -
7	Prescription eyeglasses, hearing aids, crutches, etc.	$ -	$ -	$ -	$ -
8	Long Term Care Insurance Premiums	$ -	$ -	$ -	$ -
9	Other (explain)	$ -	$ -	$ -	$ -

Complete Both Sides

PLEASE BRING THE ACCOUNT STATEMENT FROM YOUR EDUCATIONAL INSTITUTION

20 - Education Credits Worksheet (fillable)

Taxpayer name _____

Please complete one worksheet for each student. Name of student: _____

There are two education credits: the American Opportunity Credit and the Lifetime Learning Credit. Your eligibility depends on many things, which are addressed by each question below. Our Counselorswill rely upon your answers to determine your eligibility for either education credit. It is important that you accurately respond to all of the following items that apply to your situation.

If you have any questions, please ask one of our Counselors.

Student Information	
Dependent student's filing status: Single (S); Married Filing Joint (MFJ) (or filing just to get a refund of withholding); Married Filing Separate (MFJ); Qualifying Widow(er) (QW); Head of Household (HH)	
Was student's earned income less than one-half of their support? (Yes / No)	
Was at least one parent alive at the end of the tax year? (Yes / No)	
Is student enrolled in a degree or other credential program? (Yes / No)	
Is student enrolled full-time (FT), half-time (HT), or less than half-time (Less)	
Had student completed the first four years of postsecondary education at the beginning of the tax year? (Yes / No)	
Has the American Opportunity Credit been used for this student for four tax years? (Yes / No)	
Was the student ever convicted of a drug felony? (Yes / No)	

Funding Sources (list amount received from each source, use separate sheet as needed)	
Unrestricted grants or scholarships eligible for living expenses	$
Other scholarships or fellowships	$
Was a W-2 issued for any of this income? (Yes / No)	
Amount required to be spent on tuition, fees, books or equipment	$
Distributions from Coverdell Education Savings Account (ESA)	$
Distributions from Qualified Tuition Plans (529 Plans)	$
Early distributions from IRAs	$
U.S. Savings bonds used for tuition and required enrollment fees	$
Excludible emergency financial aid grants and required enrollment fees (do not reduce expenses)	$
Student loans or savings	$

PLEASE BRING THE ACCOUNT STATEMENT FROM YOUR EDUCATIONAL INSTITUTION

Education Credits Worksheet

Each of the education credits covers some education expenses, none of them covers all expenses. Tuition and other expenses that are necessary for enrollment are generally covered. Non-essential fees, such as transportation costs, room and board, sports fees, and student health fees may not be covered.

Institutions issue a Form 1098-T to their students. Please provide all Forms 1098-T with your other tax documents. If you do not have Form 1098-T or have lost it, check the student's on-line school account or contact the educational institution to obtain them before submitting to Tax-Aide.

The student's financial account statement, available to download or from the educational institution's Finance Office, contains information that is important in determining qualifying expenses. Please include a copy of each student's financial account statement with your other tax documents.

Expenses (*Not all expenses qualify for both Education Credits)*	
Tuition	$
Student activity fees, if required for enrollment	$
Required books that must be purchased from the institution	$
Required books purchased from a bookstore or otherwise	$
Required supplies and equipment fees which must be purchased from the institution	$
Other required supplies and equipment	$
Living expenses, even if living at home	$
Required insurance or student health fees	$
Expenses for special needs services	$
Other (specify):	$
	$
	$
	$

SELF-EMPLOYED (SCH C) WORKSHEET

Complete a separate worksheet for each business

Note – You will need to use a paid preparer if any of the following:

* Had paid employees or other individual	* Want to deduct a home office
* More than $35,000 in expenses	* Received a ACA Marketplace form (1095A)
* Kept an inventory	* Had a business loss (must make at least $1)
* Have assets to depreciate (>$2500)	* Don't use the cash method for accounting

Business Owner's Name: _____

INCOME		**EXPENSES**	
Forms 1099 (-NEC, -MISC, -K)	$	Advertising	$
Cash, check, etc., including tips	$	Commissions and Fees	$
		Health Insurance Premiums	$
VEHICLE USE		Business Insurance	$
Total mileage for year	mi.	Interest on Business Loans	$
Business Miles	mi.	Office expense/supplies	$
Commuting Miles	mi.	Rent (not home office)	$
Other Miles	mi.	Repairs	$
Vehicle Make/Model	mi.	Supplies	$
When placed in service	mi.	Licenses or fees	$
Drivers -- Be sure to provide: • All Forms 1099 **AND** the detail provided by the company (Door Dash, Lyft, Postmates, Uber, etc) – you need to download and print the detail from each company's web site. • Your trip miles **AND** you between-trip miles (do not include from home to 1st stop nor from the last stop to home.)		Phone (portion used for business)	$
		Training	$
		Tools, etc. under $2500 each	$
		Business meals	$
		Other	$
			$
			$