

AARP Tax Assistance at the Downers Grove Park District

January 1, 2026

AARP Income Tax assistance is a free service provided by the AARP Foundation with IRS-certified volunteers in partnership with the Downers Grove Park District. There is no age requirement to use this service and you do not need to be an AARP member.

Appointments are available on a first-come, first-served basis Tuesdays and Thursdays, February 5 – April 9, 2026, from 9:00 AM – 12:20 PM. The Park District will begin scheduling appointments beginning on January 7, 2026, until all appointments are full. Once all timeslots are full, the Park District will not accept any more appointments.

YOU MUST HAVE AN APPOINTMENT IN ORDER TO HAVE YOUR TAX RETURN PREPARED – NO-WALK-INS

Location: Downers Grove Park District Lincoln Center, 935 Maple Avenue, Downers Grove, IL 60515, Room 503. The Lincoln Center is approximately ½ block east of Main Street on Maple Avenue. The building is an old red brick school building, and it is located on the south side of Maple Avenue. The entrance to the parking lot is between the Lincoln Center and the First Baptist Church, the white church on the corner. If you have gotten to the corner – you have passed Lincoln Center.

How to schedule an appointment:

By Phone: Call 630-960-7500 to speak to a Downers Grove Park District Customer Service Assistant

In-person: Lincoln Center: 935 Maple Avenue / Mon. – Fri.: 9:00am – 4:00pm
Recreation Center: 4500 Belmont Rd / Mon. – Fri.: 9:00am – 4:00pm

After you have made your appointment, you can stop by Lincoln Center to pick up the instructions and forms you will need to read and complete before your appointment. You will find those forms on a table right by the Registration desk in the Lincoln Center. You can also have the instructions and forms emailed to you. Just ask the Customer Service Assistant to email you the Tax Aide forms. Please pick up your forms and complete them to the best of your ability before your appointment.

Here are some instructions to follow and documents to bring with you to your appointment:

- **Everyone listed on the tax return MUST HAVE A SOCIAL SECURITY CARD or SOCIAL SECURITY STATEMENT**
- **Photo I.D. for all signers of the return is mandatory**

For any questions regarding your tax appointment please contact Downers Grove AARP Tax Aides by phone or email: • Phone number: 331-481-9875 • Email address: aarpdg@yahoo.com

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You may or may not have all of the documents listed below. Take a look at what documents you used to prepare last year's tax returns as a guide. If you're unsure about a particular document, just bring it in.

- Social Security (SSA – 1099) or Railroad Retirement (RRB – 1099) benefits
- 1099-R form for pensions, 401(k), & IRA
- W-2 forms (wages and gambling winnings)
- 1099 forms - interest, dividend, unemployment and broker statements
- Know purchase date & what you paid for any stocks, bonds or mutual funds sold for any transactions not listed on your broker statements
- Simple K-1 forms (trust income)
- Info. documenting your deductions: medical, real estate taxes, mortgage interest paid (1098)
- Real Estate tax bill (property index number) is mandatory for property owners
- Receipts showing cash or material donations to charitable organizations
- College tuition expenses (1098 – T)
- Your record of estimated tax payments, federal and state
- Records of income & expenses, if self-employed
- Last year's tax returns (both state and federal)
- A voided check or checkbook showing account routing number so that refunds can be directly deposited, or taxes paid electronically

PLEASE READ THE FOLLOWING PAGES WHICH SHOWS THE ITEMS WHICH WOULD PREVENT US FROM COMPLETING A RETURN FOR YOU.

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How AARP Foundation Tax-Aide Can Help You Today

We offer free tax return preparation to anyone who needs it. AARP Foundation Tax-Aide volunteers are trained to help you file a variety of income tax forms and schedules.

In certain situations, however, our volunteers may be unable to provide assistance. The Volunteer Protection Act requires that our volunteers stay within the scope of tax law and policies set by the IRS and AARP Foundation. Here's a guide to what our Tax-Aide volunteers can — and can't — do.

We can prepare most returns with:

- Wages, interest, dividends, capital gains/losses, unemployment compensation, pensions and other retirement income, Social Security benefits.
- Self-employment income, with limits.
- Schedule K-1 that includes only interest, dividends, capital gains/losses, royalties, or foreign taxes (within limits)
- Qualified Business Income deduction.
- New qualified tips, overtime, vehicle loan interest and senior deductions.
- Itemized deductions, including noncash contributions to charity that total no more than \$5,000.
- Cancellation of nonbusiness credit card debt.
- IRA contributions — deductible or not.
- Most credits, such as earned income credit, education credits, child/additional child credit and credit for other dependents, child/dependent care credit, premium tax credit, simplified method foreign tax credit and retirement savings credit.
- Estimated tax payments.
- Injured spouse allocation, depending on state.
- Health Savings Accounts (HSA).
- Amendments to filed returns.
- Certain prior year tax returns.

We can't prepare returns with:

- Self-employment if there are employees, losses, expenses that exceed \$50,000, depreciation, business use of home, 1099 filing requirements or other complicating factors.
- Hobby income or other activities not for profit
- Complicated capital gains/losses, such as futures or options.
- Complicated Schedule K-1.
- Rental income, except land-only rentals or rentals of personal residence less than 15 days.
- Royalty income with expenses if not from self-employment.
- Tax on a Child's Investment and Other Unearned Income (Kiddie Tax).
- Farm income or expenses.
- Some investment income or itemized deductions that are not included in our training.
- Alternative Minimum Tax, Additional Medicare Tax, or Net Investment Income Tax.
- Foreign financial asset reporting requirements.
- Form 1099-DA and certain other digital asset transactions (including virtual currency).
- Solar energy credits.
- Clean vehicle credits.

AARP Foundation[®]
Tax-Aide

1-888-227-7669 aarpfoundation.org/taxaide

AARP FOUNDATION TAX-AIDE

Taxpayer Information and Responsibilities

Welcome to AARP Foundation Tax-Aide. Our IRS-certified volunteers will assist you shortly. In the meantime, please take a moment to read the following information.

Taxpayers will:

- Provide all required information and documents to ensure the completion of your return
- Sign in at the tax site and follow the guidance of the volunteer
- Complete the Intake Booklet fully and accurately
- Participate in the intake interview, tax preparation and quality review process
- Inform the volunteer of all income including cash, gambling winnings, etc.
- Understand that some returns are beyond the program scope (see scope poster) or have complicated state or other issues. If your return falls outside the program scope, you must either prepare your own return or engage a professional preparer.
- Ensure the return is complete and accurate before

signing. Joint returns require the signature of both spouses.

- Agree that you are responsible for the accuracy of the return
- Treat volunteers with courtesy and respect
- Questions? Call 888-687-2277 or email taxaide@aarp.org

Tax-Aide volunteers will:

- Treat taxpayers in a courteous and professional manner
- Prepare tax returns within the scope of the program
- Provide tax assistance based on the information and documents provided by the taxpayer
- Quality review all tax returns
- Respect taxpayers' privacy and confidentiality

Essential Documents to Have at the Tax Site

- Government-issued photo ID for the taxpayer(s) on the return
- Social Security cards or ITIN documentation for all
- Copy of prior two years' tax returns
- Income documents for wages, interest, dividends, capital gains/losses, unemployment compensation, pensions and other retirement income, Social Security benefits and self-employment.
- Brokerage statements – sale of stocks or bonds
- Healthcare – Forms 1095-A if have marketplace insurance
- Mortgage interest, medical/dental expenses, charitable donations, sales, income or property taxes
- Records of federal and state income taxes paid
- Educational expenses – Form 1098-T, student's detailed financial school account; other education expenses
- Checking or savings account info (printed or actual copy) for direct deposit of refund or direct debit of balance due
- IRS letters showing Economic Impact Payments (EIPs) and Advanced Child Tax Credit payments received
- Any other recent IRS or state tax department correspondence

Tax-Aide Process

Waiting Area

Sign In
Complete Intake Booklet
Organize Your IDs, SS Cards and Tax Documents

Tax Preparation

IDs, SS Cards Checked
Intake Booklet and Tax Documents Reviewed
Taxpayer Interviewed
Tax Return Prepared

Quality Review

IDs, SS Cards Checked
Intake Booklet and Tax Documents Reviewed
Taxpayer Interviewed
Tax Return Reviewed
Return Signed

Intake/Interview and 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

- Complete pages 1-5 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, 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 ts.voltax@irs.gov

Your first name	M.I.	Last name	Your date of birth	Your job title
Spouse's first name	M.I.	Last name	Spouse's date of birth	Spouse's job title

Mailing address	Apt #	City	State	ZIP code
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Your telephone number	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2025 <input type="checkbox"/> Yes <input type="checkbox"/> No
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Can anyone else claim you or your spouse on their tax return **Yes** **No**

Check if you or your spouse were in 2025:				Legally blind	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
A U.S. citizen	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Totally and permanently disabled	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
In the U.S. on a visa	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Issued an identity protection PIN (IPPIN)	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
A full-time student	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Owners or holders of any digital assets	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No

If due a refund, how would you like your refund				If you have a balance due, how would you like to make your payment			
<input type="checkbox"/> Direct deposit	<input type="checkbox"/> Check by mail			<input type="checkbox"/> Bank account	<input type="checkbox"/> IRS.gov Direct Pay		
<input type="checkbox"/> Split refund between accounts	<input type="checkbox"/> Other _____			<input type="checkbox"/> Set up installment agreement	<input type="checkbox"/> Mail payment to IRS		

Would you like to receive written communications from the IRS in a language other than English	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
What language _____			

Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
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As of December 31, 2025, what was your marital status

<input type="checkbox"/> Never Married	<input type="checkbox"/> Married	If married, were you married on the last day of the year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Did you and your spouse live apart all of the last 6 months of the year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Divorced	<input type="checkbox"/> Legally Separated but not Divorced		<input type="checkbox"/> Widowed	
Date of final decree _____	Date of separate maintenance decree _____		Year of spouse's death _____	

List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.										Answer Yes or No (Y/N)					To be completed by certified volunteer (Yes, No, or N/A)				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2025	Single or Married as of 12/31/2025 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,200 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person					

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Received money from any of the following in 2025:	(To be completed by certified volunteer) Income to be included	Notes/Comments
<input type="checkbox"/> (B) Wages as a part-time or full-time employee How many jobs _____	<input type="checkbox"/> (B) W-2s # _____	
<input type="checkbox"/> (B/A) Tips	<input type="checkbox"/> (B/A) Tips (Basic when reported on W2)	
<input type="checkbox"/> (B/A) Retirement account, pension or annuity proceeds	<input type="checkbox"/> (B/A) 1099-R (Basic when taxable amount is reported) # _____ <input type="checkbox"/> (A) Qualified Charitable Distribution From 1099-R \$ _____	
<input type="checkbox"/> (B) Disability benefits (such as payments from insurance and worker's compensation)	<input type="checkbox"/> (B) Disability benefits on 1099-R or W-2 # _____	
<input type="checkbox"/> (B) Social Security or Railroad Retirement Benefits	<input type="checkbox"/> (B) SSA-1099, RRB-1099 # _____	
<input type="checkbox"/> (B) Unemployment benefits	<input type="checkbox"/> (B) 1099-G # _____	
<input type="checkbox"/> (B) Refund of state or local income tax	<input type="checkbox"/> (B) Refund \$ _____ <input type="checkbox"/> (B) Itemized last year <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Interest or dividends (bank account, bonds, etc.)	<input type="checkbox"/> (B) 1099-INT # _____ <input type="checkbox"/> (B) 1099-DIV # _____	
<input type="checkbox"/> (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) 1099-B (include brokerage statement) # _____ <input type="checkbox"/> Capital loss carryover <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Alimony	<input type="checkbox"/> (B) Alimony \$ _____ Excluded from income <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) <input type="checkbox"/> Rental expense \$ _____	
<input type="checkbox"/> Income from renting personal property such as a vehicle		
<input type="checkbox"/> (B) Gambling winnings, including lottery	<input type="checkbox"/> (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____	
<input type="checkbox"/> (A) Payments for contract or self-employment work Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) Schedule C <input type="checkbox"/> 1099-MISC # _____ <input type="checkbox"/> 1099-NEC # _____ <input type="checkbox"/> 1099-K # _____ <input type="checkbox"/> Other income reported elsewhere	
<input type="checkbox"/> (A) Payments for contract or self-employment work Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Schedule C expenses \$ _____	
<input type="checkbox"/> Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	<input type="checkbox"/> Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Paid any of the following expenses to itemize in 2025?	(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
<input type="checkbox"/> (A) Mortgage Interest	<input type="checkbox"/> (A) 1098 # _____	
<input type="checkbox"/> (A) Taxes: state, local, real estate, sales, etc.		
<input type="checkbox"/> (A) Medical, dental, prescription expenses	<input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	
<input type="checkbox"/> (A) Charitable contributions		
Paid any of these expenses in 2025?	(To be completed by certified volunteer) Expenses to report	Notes/Comments
<input type="checkbox"/> (B) Student loan interest	<input type="checkbox"/> (B) 1098-E	
<input type="checkbox"/> (B) Child and dependent care	<input type="checkbox"/> (B) Child and dependent care credit	
<input type="checkbox"/> (B/A) Contributions to a retirement account	<input type="checkbox"/> (B/A) IRA (Basic if a Roth IRA or 401K)	
<input type="checkbox"/> (B) School supplies by a teacher, teacher's aide or other educator	<input type="checkbox"/> (B) Educator expenses deduction \$ _____	
<input type="checkbox"/> (B) Alimony payments (do not include child support)	<input type="checkbox"/> (B) Alimony payments with spouse's SSN Adjustment to income \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did any of the following happen during 2025?	(To be completed by certified volunteer) Information to report	Notes/Comments
<input type="checkbox"/> (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	<input type="checkbox"/> (B) Taxable scholarship income <input type="checkbox"/> (B) 1098-T (itemized statement from school, invoice, etc.) <input type="checkbox"/> (B) Education credit or tuition and fees deduction	
<input type="checkbox"/> (A) Sell a home	<input type="checkbox"/> (A) Sale of home (1099-S)	
<input type="checkbox"/> (A) Have a health savings account (HSA)	<input type="checkbox"/> (A) HSA contributions <input type="checkbox"/> (A) HSA distributions	
<input type="checkbox"/> (A) Purchase health insurance through the Marketplace (Exchange)	<input type="checkbox"/> (A) 1095-A	
<input type="checkbox"/> (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	<input type="checkbox"/> (A) Energy efficient home improvement credit (Form 5695, Part II only)	
<input type="checkbox"/> (A) Other (example: purchased a new vehicle, etc.)	<input type="checkbox"/> VIN # _____	
<input type="checkbox"/> (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	<input type="checkbox"/> (A) 1099-C	
<input type="checkbox"/> (A) Have a loss related to a declared Federal disaster area	<input type="checkbox"/> (A) 1099-A <input type="checkbox"/> Disaster relief impacts return	
<input type="checkbox"/> (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	<input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
<input type="checkbox"/> Receive any letter or bill from the IRS	<input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral	
<input type="checkbox"/> (B) Make estimated tax payments or apply last year's refund to 2025 taxes	<input type="checkbox"/> (B) Estimated tax payments _____ <input type="checkbox"/> (B) Last year's refund applied to this year _____	
<input type="checkbox"/> Brought last year's return	<input type="checkbox"/> Last year's return available	

Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

- | | | | | | |
|--|------------------------------------|-------------------------------|--|-------------------------------------|---|
| 1. Would you say you can carry on a conversation in English | <input type="checkbox"/> Very well | <input type="checkbox"/> Well | <input type="checkbox"/> Not well | <input type="checkbox"/> Not at all | <input type="checkbox"/> Prefer not to answer |
| 2. Would you say you can read a newspaper in English | <input type="checkbox"/> Very well | <input type="checkbox"/> Well | <input type="checkbox"/> Not well | <input type="checkbox"/> Not at all | <input type="checkbox"/> Prefer not to answer |
| 3. Do you or any member of your household have a disability | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer | | |
| 4. Are you or your spouse a Veteran of the U.S. Armed Forces | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer | | |
| 5. What is your race and/or ethnicity? <u>Select all that apply</u> | | | 6. What is your spouse's race and/or ethnicity? <u>Select all that apply</u> | | |
| <input type="checkbox"/> American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.) | | | <input type="checkbox"/> American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.) | | |
| <input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.) | | | <input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.) | | |
| <input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.) | | | <input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.) | | |
| <input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.) | | | <input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.) | | |
| <input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.) | | | <input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.) | | |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.) | | | <input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.) | | |
| <input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.) | | | <input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.) | | |

Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at [Treasury.gov/System of Records Notices \(SORNs\)](https://www.treasury.gov/System-of-Records-Notices). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

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, write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Optional Questions for AARP Foundation

1. 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

2. 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.

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 to meet grant requirements and 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 by Tax-Aide to the program sponsor – AARP Foundation – to assist in program development and to send you other AARP Foundation program information.

Consent for AARP Foundation to Use Select Tax Return Information. 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 relevant benefits, good jobs, and refunds, and to sustain 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 agree 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, 2027.

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. You have the right to receive a signed copy of this form.

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, 2027). 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. Report a Crime or IRS Employee Misconduct - U.S. Treasury Inspector General for Tax Administration (TIGTA) (<https://www.tigta.gov/reportcrime-misconduct>).

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, administrative assistance, and program and research opportunities 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

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 to help older adults with low income secure the essentials, including good jobs, eligible benefits, refunds, and sustaining social connections. Some of these programs or services may be relevant to you. If you would like us to use your tax return information to help determine whether other free AARP Foundation programs or services might be available to you, to send you details about how to access these programs or services, and/or contact you to see if you are eligible and interested to participate in research-related activities, such as surveys or discussion groups, that inform our programs and 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 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 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.