

# **You are now registered for your AARP Tax-Aide Appointment!**

**Date:** \_\_\_\_\_ **Time Slot:** \_\_\_\_\_

Please stop by the Mukwonago Community Library to pick up an AARP Tax Intake Form to fill out in advance and bring with you to your appointment.

## **WHAT YOU NEED TO BRING WITH YOU:**

- AARP Tax Intake Form (this packet)
- Last Year's Taxes
- This Year's Tax Documents (W2's, etc.)
- Photo ID, Joint Return, Spouse Photo ID (if you have children claimed as dependents, a copy of their social security card.)
- Social Security Card or proof of Social Security Number.
- You are required to wear a mask during the appointment.

## **WHAT YOU CAN EXPECT:**

Please arrive 15 minutes before your appointment. The appointment will take place at the Mukwonago Community Library in the Community Room. A volunteer will check you in and direct you to your tax preparer. They will review your documents and confirm any additional information they need to prepare your taxes. The process will take roughly 45-60 minutes. You will be asked to come back into the room to sign all the documents and finish.

**IF YOU HAVE ANY TAX QUESTIONS, PLEASE CALL THE  
WISCONSIN AARP AT: (866) 448-3611**

**IF YOU HAVE TO CANCEL OR RESCHEDULE, PLEASE CALL THE  
LIBRARY INFORMATION DESK: (262)-363-6411**

## Virtual VITA/TCE Taxpayer Consent

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

Mukwonago PublicLibrary

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

511 Division St  
Mukwonago, WI 53149

Site identification number (SIDN)

S46050822

Site coordinator name

Lucy A

Site contact name

Cathryn K

Site contact telephone number

262-363-6411

### 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.

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**Part II: The Sites Process:**

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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.

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**2. Securing Taxpayer Consent Agreement**

Taxpayers receive a detailed explanation of the processes used for intake, return preparation, quality review, taxpayer return acceptance, e-filing, 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.

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**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.

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**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.

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**5. Performing the interview with the taxpayer(s)**

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

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**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.

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**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.

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**8. Sharing the completed return**

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

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**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.

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**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.

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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](mailto: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 <i>(spouse if married filing joint)</i>	
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 <i>(electronic)</i>		Signature <i>(electronic)</i>	
<b>OR</b>		<b>OR</b>	
Signature <i>(type/print)</i>		Signature <i>(type/print)</i>	

**Intake Form: Please make  
sure your intake form is complete  
when you come for your appointment**

1. The first four pages should be completely filled out. (Note: some questions are optional.)
2. **Pages 6, 7 and 8** must be signed and dated (if agreeing) or initialed (if not agreeing) by both taxpayers if filing MFJ.
3. **Page 6: Consent to Disclose (#15080)** if agreeing, allows all VITA/TCE sites (includes TAXAIDE) to access some of your previous year tax information to speed up the preparation of your return.
4. **Page 7: AARP Foundation Consent to Disclose/Use:** Signing this allows AARP Taxaide to compile information about taxpayers for reports that may be used for purposes like applying for funding grants.
5. **Page 8: Consent for AARP Foundation:** Signing this allows AARP Foundation to send you promotional materials.
6. **Page 9: Wisconsin Tax Sheet:** Information that will be used to complete your Wisconsin return.  
Please fill it out:
  - a. especially line 3: amounts you paid for health insurance (3, 3a, 3b) and
  - b. Line 9: rent total or
  - c. Line 10: property tax paid in 2021

# 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? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address		Apt #	City	State
4. Your Date of Birth	5. Your job title	6. Last year, were you:		a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		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:		a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		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?

Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. If Yes, Did you get married in 2021?  Yes  No

Divorced b. Did you live with your spouse during any part of the last six months of 2021?  Yes  No

Legally Separated Date of final decree \_\_\_\_\_

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

**To be completed by a Certified Volunteer Preparer**

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) <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 Homebuyer's 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

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**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



**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      b. To purchase U.S. Savings Bonds      c. To split your refund between different accounts  
 Yes       No       Yes       No       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

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**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

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## How to Use this Intake Booklet

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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.**

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**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.

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**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

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**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.

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**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).

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## 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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### 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).

# Wisconsin Tax-Aide Information Sheet (complete both pages)

Taxpayer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Wisconsin Residence:  City /  Village /  Town of \_\_\_\_\_

County of \_\_\_\_\_ School District \_\_\_\_\_

1. Did you (and your spouse, if applicable) live in Wisconsin during the entire tax year? . . . .  Yes  No
2. Did you make any Estimated Tax Payments to the Wisconsin Department of Revenue? . .  Yes  No
  - a. **If Yes**, enter total of Estimated Tax Payments made during the year. . . \$ \_\_\_\_\_
3. Did you pay Medical Insurance Premiums? . . . . .  Yes  No
  - a. **If Yes**, were premiums paid from wages **BEFORE** taxes were deducted? . . .  Yes  No  Don't Know
  - b. **If 3.a. is No or Don't Know**, enter Medical Premiums Paid:
    - 1) Medicare (*DO NOT INCLUDE AMOUNTS DEDUCTED FROM SOCIAL SECURITY*)
      - a) Medicare Part B. . . . . \$ \_\_\_\_\_
      - b) Medicare Part C (Advantage Plan). . . . . \$ \_\_\_\_\_
      - c) Medicare Part D (separate Prescription Drug Plan). . . \$ \_\_\_\_\_
    - 2) Medicare Supplemental Insurance . . . . . \$ \_\_\_\_\_
    - 3) Wisconsin SeniorCare Prescription Drug Plan. . . . . \$ \_\_\_\_\_
    - 4) Medical Insurance/Plan Thru Affordable Care Act. . . . . \$ \_\_\_\_\_
    - 5) Badger Care Insurance . . . . . \$ \_\_\_\_\_
    - 6) Dental Insurance . . . . . \$ \_\_\_\_\_
    - 7) Vision Insurance . . . . . \$ \_\_\_\_\_
    - 8) Other Insurance . . . . . \$ \_\_\_\_\_
4. Did you pay Long-term Care Insurance premiums? . . . . .  Yes  No
 

**If Yes:** Taxpayer: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_
5. Did you pay tuition for private schools for elementary and/or high school students? . .  Yes \$ \_\_\_\_\_  No
6. Did you contribute to a Wisconsin EdVest or Tomorrow's Scholar account? . . . . .  Yes \$ \_\_\_\_\_  No
7. Do you have Wisconsin Capital Loss Carryforwards (from last year's Form WD)? . . . . .  Yes  No
 

**If Yes:** Short-Term (line 34): \$ \_\_\_\_\_ Long-Term (line 39): \$ \_\_\_\_\_
8. Did you pay Tuition and/or fees to a Wisconsin or Minnesota\* college or vocational school?
 

(\* Minnesota includes only public colleges or vocational schools) . . . . .  Yes \$ \_\_\_\_\_  No
9. How much Rent did you pay for your Primary Residence(s)? . . . . . \$ \_\_\_\_\_
 

Was heat included in your rent? . . . .  Yes  No
10. How much did you pay in Property Taxes for your Primary Residence? . . . . . \$ \_\_\_\_\_
 

*Do not include assessments, trash pick-up, recycling fees, etc.*
11. Did you make any internet, mail order, or other out-of-state purchases
 

for which no sales tax was charged? . . . . .  Yes \$ \_\_\_\_\_  No

Continue to page 2

## Wisconsin Tax-Aide Information Sheet

12. Do you want to claim the Homestead Credit if possible (Full-year resident only)? . . . . .  Yes  No  
**If Yes, do you have a completed Rent Certificate (no errors or corrections visible)?** . . . . .  Yes  No  
**Or, do you have a copy of your current year Property Tax Bill (whether paid or not)?** . . . .  Yes  No

If claiming the Homestead Credit, list income from any of the following sources:

- a. Federal SSI (Do not include your children's SSI) . . . . . \$ \_\_\_\_\_
- b. Wisconsin SSI (Do not include your children's SSI) . . . . . \$ \_\_\_\_\_
- c. Caretaker Supplement. . . . . \$ \_\_\_\_\_
- d. VA Benefits (Military Compensation) . . . . . \$ \_\_\_\_\_
- e. Scholarships / Fellowships / Grants / VEAP / GI Bill. . . . . \$ \_\_\_\_\_
- f. Court Ordered Child Support . . . . . \$ \_\_\_\_\_
- g. Wisconsin Works or County Relief Amount Received. . . . . \$ \_\_\_\_\_  
 Number of months you did NOT receive Wisconsin Works or County Relief Payments \_\_\_\_\_
- h. Kinship Care / Other Public Assistance . . . . . \$ \_\_\_\_\_

13. Did you receive Military / Uniformed Services Retirement benefit payments? . . . . .  Yes  No

This includes retirement payments received from:

- a. The U.S. military retirement system (including payments from the Retired Serviceman's Family Protection Plan or the Survivor Benefit Plan). These retirement benefits are paid from the Defense Finance and Accounting Service.
- b. The U.S. government that relate to service with the Coast Guard, the commissioned corps of the National Oceanic and Atmospheric Administration, or the commissioned corps of the Public Health Service.

14. Did you receive payments from the Milwaukee City Employees, Milwaukee City Police Officers, Milwaukee Fire Fighters, Milwaukee Public School Teachers, Milwaukee County Employees, Milwaukee Sheriff, **OR** Wisconsin State Teachers retirement systems? . . . . .  Yes  No

- a. **If Yes, were you** . . . . .  Yes  No
  - 1) retired from the system before January 1, 1964, or
  - 2) a member of the system as of December 31, 1963, retiring at a later date and payments you receive are from an account established before 1964, or
  - 3) receiving payments from the system as the beneficiary of an individual who met either condition 1 or 2.

15. Did you receive payments from a federal retirement system\*? . . . . .  Yes  No

- a. **If Yes, were you** . . . . .  Yes  No
  - 1) retired from the system before January 1, 1964, or
  - 2) a member of the system as of December 31, 1963, retiring at a later date and payments you receive are from an account established before 1964, or
  - 3) receiving payments from the system as the beneficiary of an individual who met either condition 1 or 2.

\* A "federal retirement system" is a United States government civilian employee retirement system. Examples of such retirement systems include the Civil Service Retirement System and the Federal Employees' Retirement System. These retirement benefits are paid from the U.S. Office of Personnel Management. Payments from the federal Thrift Savings Plan do not qualify for the subtraction.