Form **13614-C** (November 2024)

Department of the Treasury - Internal Revenue Service

Intake/Interview and 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

- Complete pages 1-6 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 *(pronouns, optional)*	M.I.	Last name	Your date of birth	Your job title
Spouse's first name *(pronouns, optional)*	M.I.	Last name	Spouse's date of birth	Spouse's job title

Mailing address	Apt #	City	State	ZIP code

Your telephone number	Spouse's telephone number	Email address *(optional)*	Did you live or work in two or more states in 2024 ☐ Yes ☐ No

Check if you or your spouse were in 2024:

A U.S. citizen	☐ You	☐ Spouse	☐ No
In the U.S. on a visa	☐ You	☐ Spouse	☐ No
A full-time student	☐ You	☐ Spouse	☐ No
Legally blind	☐ You	☐ Spouse	☐ No
Totally and permanently disabled	☐ You	☐ Spouse	☐ No
Issued an identity protection PIN (IPPIN)	☐ You	☐ Spouse	☐ No
Owners or holders of any digital assets	☐ You	☐ Spouse	☐ No

If due a refund, how would you like your refund

☐ Direct deposit ☐ Check by mail

☐ Split refund between accounts ☐ Other ____________________

If you have a balance due, how would you like to make your payment

☐ Bank account ☐ IRS.gov Direct Pay

☐ Set up installment agreement ☐ Mail payment to IRS

Would you like to receive written communications from the IRS in a language other than English ☐ You ☐ Spouse ☐ No

What language ____________________

Would you like information on how to vote and/or how to register to vote ☐ Yes ☐ No

Would you, or your spouse if married filing jointly, like $3 to go to the Presidential Election Campaign Fund ☐ You ☐ Spouse ☐ No

As of December 31, 2024, what was your marital status

☐ **Never Married**

☐ **Married** If married, were you married for all of 2024 ☐ Yes ☐ No

Did you live with your spouse during any part of the last six months of 2024 ☐ Yes ☐ No

☐ **Divorced** Date of final decree __________

☐ **Legally Separated but not Divorced** Date of separate maintenance decree __________

☐ **Widowed** Year of spouse's death __________

To be completed by certified volunteer: Can anyone else claim the taxpayer or spouse on their tax return ☐ Yes ☐ No

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.

Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	Answer Yes or No (Y/N): U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	To be completed by certified volunteer (Yes, No, or N/A): Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than $5,050 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 2024:	(To be completed by certified volunteer) Income to be included	Notes/Comments
☐ (B) Wages as a part-time or full-time employee How many jobs ______	☐ (B) W-2s # ______	
☐ (B/A) Tips	☐ (B/A) Tips (Basic when reported on W2)	
☐ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (Basic when taxable amount is reported) # ______ ☐ (A) Qualified Charitable Distribution From 1099-R $ ______	
☐ (B) Disability benefits (such as payments from insurance and worker's compensation)	☐ (B) Disability benefits on 1099-R or W-2 # ______	
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099 # ______	
☐ (B) Unemployment benefits	☐ (B) 1099-G #	
☐ (B) Refund of state or local income tax	☐ (B) Refund $ ______ ☐ (B) Itemized last year ☐ Yes ☐ No	
☐ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT # ______ ☐ (B) 1099-DIV # ______	
☐ (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return ☐ Yes ☐ No	☐ (A) 1099-B (include brokerage statement) # ______ ☐ Capital loss carryover ☐ Yes ☐ No	
☐ (B) Alimony	☐ (B) Alimony $ ______ Excluded from income ☐ Yes ☐ No	
☐ (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 ☐ Yes ☐ No ☐ Income from renting personal property such as a vehicle	☐ (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) ☐ Rental expense $ ______	
☐ (B) Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # ______	
☐ (A) Payments for contract or self-employment work Did you report a loss on last year's return ☐ Yes ☐ No	☐ (A) Schedule C ☐ 1099-MISC # ______ ☐ 1099-NEC # ______ ☐ 1099-K # ______ ☐ Other income reported elsewhere ☐ Schedule C expenses $ ______	
☐ Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	☐ 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 2024?	(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
☐ (A) Mortgage Interest	☐ (A) 1098 # ______	
☐ (A) Taxes: state, local, real estate, sales, etc.		
☐ (A) Medical, dental, prescription expenses	☐ (B) Standard deduction ☐ (A) Itemized deduction	
☐ (A) Charitable contributions		

Paid any of these expenses in 2024?	(To be completed by certified volunteer) Expenses to report	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (B/A) IRA (Basic if a Roth IRA or 401K)	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction $ ______	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN $ ______ Adjustment to income ☐ Yes ☐ No	

Did any of the following happen during 2024?	(To be completed by certified volunteer) Information to report	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction	
☐ (A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
☐ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ (A) Have a loss related to a declared Federal disaster area	☐ (A) 1099-A ☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to 2024 taxes	☐ Estimated tax payments ______ ☐ Last year's refund applied to this year ______ ☐ 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	☐ Very well	☐ Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
2. Would you say you can read a newspaper in English	☐ Very well	☐ Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
3. Do you or any member of your household have a disability	☐ Yes	☐ No	☐ Prefer not to answer		
4. Are you or your spouse a Veteran of the U.S. Armed Forces	☐ Yes	☐ No	☐ Prefer not to answer		

5. What is your race and/or ethnicity? Select all that apply

☐ **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.)*

☐ **Asian** *(for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)*

☐ **Black or African American** *(for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)*

☐ **Hispanic or Latino** *(for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)*

☐ **Middle Eastern or North African** *(for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)*

☐ **Native Hawaiian or Pacific Islander** *(for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)*

☐ **White** *(for example, English, German, Irish, Italian, Polish, Scottish, etc.)*

6. What is your spouse's race and/or ethnicity? Select all that apply

☐ **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.)*

☐ **Asian** *(for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)*

☐ **Black or African American** *(for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)*

☐ **Hispanic or Latino** *(for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)*

☐ **Middle Eastern or North African** *(for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)*

☐ **Native Hawaiian or Pacific Islander** *(for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)*

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

Additional Notes/Comments

Optional Questions for AARP Foundation

16. 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

17. Do you have a permanent disability or chronic condition that hinders or limits the amount of or kind of activities that 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 of or kind of activities that he/she does?

☐ Yes ☐ No ☐ Prefer not to answer

19. Do you rent or own your home?

☐ Rent ☐ Own ☐ Neither ☐ Prefer not to answer

20. What is your gender identity? (*select all that apply*)

☐ Male ☐ Female ☐ Non-Binary ☐ Prefer to self-describe ☐ Prefer not to answer

21. What is your spouse's gender identity? (*select all that apply*)

☐ Male ☐ Female ☐ Non-Binary ☐ Prefer to self-describe ☐ Prefer not to answer

22. Do you identify as LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, ...)?

☐ Yes ☐ No ☐ Prefer not to answer

23. Does your spouse identify as LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, ...)?

☐ Yes ☐ No ☐ 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 by Tax-Aide to the program sponsor – AARP Foundation – to assist in program development, to help support the funding of this free service and to send you other AARP Foundation program 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 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 2024)

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, 2026.

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, 2026). 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 used includes your name, address, email, phone number, age, adjusted gross income, race, ethnicity, gender identity, sexual orientation, disability status, veteran status, household size, 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.