

**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](mailto: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  No  No  No  Spouse  No  No  No

In the U.S. on a visa  You  Spouse  No  No  No  No  Spouse  No  No  No

A full-time student  You  Spouse  No  No  No  No  Spouse  No  No  No

**If due a refund, how would you like your refund**  
 Direct deposit  Check by mail  Bank account  IRS.gov Direct Pay  
 Split refund between accounts  Other  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 \_\_\_\_\_  Yes  No

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  Yes  No

**Never Married**  **Married** If married, were you married for all of 2024  Yes  No

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

**Legally Separated but not Divorced**  **Widowed** Year of spouse's death \_\_\_\_\_

Date of final decree \_\_\_\_\_

**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. **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 2024	Single or Married as of 12/31/2024 (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 \$5,050 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/A) Tips # \_\_\_\_\_

(B/A) Retirement account, pension or annuity proceeds # \_\_\_\_\_

(A) Qualified Charitable Distribution From 1099-R \$ \_\_\_\_\_

(B) Disability benefits on 1099-R or W-2 # \_\_\_\_\_

(B) Disability benefits (such as payments from insurance and worker's compensation) # \_\_\_\_\_

(B) SSA-1099, RRB-1099 # \_\_\_\_\_

(B) Social Security or Railroad Retirement Benefits # \_\_\_\_\_

(B) Unemployment benefits \$ \_\_\_\_\_

(B) Refund of state or local income tax \$ \_\_\_\_\_

(B) Refund \$ \_\_\_\_\_

(B) Interest or dividends (bank account, bonds, etc.) # \_\_\_\_\_

(A) Sale of stocks, bonds or real estate # \_\_\_\_\_

(A) 1099-B (include brokerage statement) # \_\_\_\_\_

(A) 1099-INT # \_\_\_\_\_ # \_\_\_\_\_

(B) 1099-DIV # \_\_\_\_\_ # \_\_\_\_\_

(A) Itemized last year Yes  No

(B) 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 # \_\_\_\_\_

(A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) \$ \_\_\_\_\_

If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days Yes  No

Rental expense \$ \_\_\_\_\_

Income from renting personal property such as a vehicle \$ \_\_\_\_\_

(B) Gambling winnings, including lottery # \_\_\_\_\_

(B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # \_\_\_\_\_

(A) Schedule C # \_\_\_\_\_

(A) Payments for contract or self-employment work # \_\_\_\_\_

1099-MISC # \_\_\_\_\_

1099-NEC # \_\_\_\_\_

1099-K # \_\_\_\_\_

Other income reported elsewhere \$ \_\_\_\_\_

Schedule C expenses \$ \_\_\_\_\_

Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart) \$ \_\_\_\_\_

Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits) \$ \_\_\_\_\_

**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?**

- (A) Mortgage Interest
- (A) Taxes: state, local, real estate, sales, etc.
- (A) Medical, dental, prescription expenses
- (A) Charitable contributions

**Paid any of these expenses in 2024?**

- (B) Student loan interest
- (B) Child and dependent care
- (B/A) Contributions to a retirement account
- (B) School supplies by a teacher, teacher's aide or other educator
- (B) Alimony payments (do not include child support)

**Did any of the following happen during 2024?**

- (B) You or someone in your family took educational classes (technical school, college, job related, etc.)
- (A) Sell a home
- (A) Have a health savings account (HSA)
- (A) Purchase health insurance through the Marketplace (Exchange)
- (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)
- (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender
- (A) Have a loss related to a declared Federal disaster area

- (B) Receive any letter or bill from the IRS
- (B) Make estimated tax payments or apply last year's refund to 2024 taxes

	(To be completed by certified volunteer) Standard or Itemized Deductions	#		(To be completed by certified volunteer) Expenses to report		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"/> (B) Standard deduction			<input type="checkbox"/> (A) Itemized deduction		
<input type="checkbox"/> (A) Medical, dental, prescription expenses						
<input type="checkbox"/> (A) Charitable contributions						
<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	
<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"/> HSA contributions			<input type="checkbox"/> 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"/> (B) Energy efficient home improvement credit					
<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) Receive any letter or bill from the IRS	<input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year			Reason		
<input type="checkbox"/> (B) Make estimated tax payments or apply last year's refund to 2024 taxes	<input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral					
	<input type="checkbox"/> Estimated tax payments					
	<input type="checkbox"/> Last year's refund applied to this year					
	<input type="checkbox"/> Last year's return available					

## 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>).