

Your Appointment is scheduled for:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Sherburne Gov't Center**  
13880 Business Center Dr NW  
Elk River MN 55330

**St. Cloud Tech College**  
1540 Northway Dr  
St. Cloud MN 56303  
Parking Lot A  
Door 6  
Along 9<sup>th</sup> Avenue

**Salvation Army**  
400 Us Hwy 10 S  
St. Cloud MN 56304

The information you provide should be copies. Tri-CAP is not responsible for lost documentation.

#### Personal Information

- ☐ Photo ID
- ☐ Social Security Cards for all persons listed on the tax return
- ☐ Birthdate for all persons listed on the tax return
- ☐ Direct Deposit information (if using): voided check or routing and account number

#### Income & Public Benefit Statements

- ☐ Wage and earning statements (Form W-2, W-2G, 1099-R, 1099-Misc) from all employers
- ☐ Unemployment income (1099-G)
- ☐ Interest and dividend statements/letter from banks or investment firm (Forms 1099-INT, 1099-DIV)
- ☐ Year-end income for MFIP, SS, SSI, MSA, GA, Veterans benefits, workers compensation

#### Education & Child Care Credits

- ☐ Record/receipts of educational expenses for children in grades K-12 (including required school supplies, gym shoes, tutoring, art classes, music lessons)
- ☐ Tuition expenses for university, college, or technical school (1098-T)
- ☐ Interest Statement for student loans (1098-E)
- ☐ Childcare expenses: Provider name, address, and Tax ID or Social Security Number (Annual Statement)

#### Property Taxes

- ☐ Homeowners: Statement of **Property Tax Payable** in 2024. Mailed by county in March
- ☐ Renters: 2023 Certificate of Rent Paid (CRP)
- ☐ Mobile homeowners: Mailed by county in June each year. For 2023 property tax appointments, bring 2023 Certificate of Rent Paid (CRP) and **Property Tax Statement** payable in 2024, and 2023 tax return

#### Additional Documents

- ☐ Previous year's tax return if available (this can be used for Social Security number verification if you do not have a social security card)Charitable Donation receipts

DATE: \_\_\_\_\_

320-251-1612  
Toll Free 888-765-5597  
Fax 320-255-9518



1210 -23<sup>rd</sup> Ave S  
PO Box 683  
Waite Park, MN 56387

## Intake Form

Office use only CAP 60 Number: \_\_\_\_\_

Please complete for all family members. \*Use the Key below to complete the form.

First, Middle, and Last Name	Relation- ship	Birth Date	Social Security Number	Gender Identitiy M/F/O	Ed Level *	Disabled Y / N	Race *	Ethnicity Hispanic Y / N	Health Ins. Type *	Military Status *	Work Status *	Dis- connected Youth Y / N *
	SELF											

### \*Key

**Education:** A – 0-8<sup>th</sup> grade B – 9-12<sup>th</sup>/Non -Graduate C – High School Diploma D –GED E – 12 + Some College F – 2/4 year College Grad G – Graduate other Post –Secondary School

**Race:** A – Asian B – Black M – Bi-racial/Multi-racial N – Native Hawaiian/Pacific Islander US – American Indian/Alaskan Native W – White O - Other:

**Health Insurance Type:** MA – Medicaid MC – Medicare SA – State Adult SC – State Children EMP – Employment Based VA - Military DP – Direct Purchase  
N -None O – Other:

**Military Status:** A – Active V – Veteran N – No Affiliation

**Work Status:** FT –Full Time PT –Part Time MW -Migrant Worker Ret-Retired LT -Unemployed More than 6 months U – Not in labor force ST –Unemployed less than 6 months

**Disconnected Youth:** Not working, Not in School (for 14-24 age group)

County of Residence:	Address	City	State	Zip
Email:		Phone:	Alternative Phone:	
<input type="checkbox"/> Check to receive communication via email		<input type="checkbox"/> Check to receive communication via text message		
<b>Housing:</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Temporary Quarters <input type="checkbox"/> Other: <input type="checkbox"/> Other Permanent Housing		<b>Family Type:</b> <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> 2 Parent <input type="checkbox"/> Multi Gen. <input type="checkbox"/> Single Person <input type="checkbox"/> 2 Adults No Children <input type="checkbox"/> Non-Related Adults w/Children <input type="checkbox"/> Other:		<b>Primary Language:</b>
Are you registered to vote at your current address? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know				

Please complete for all family members. \*\*Use the Key below to complete the form.

Family Member Name	Income Type **	Monthly Income Amount

List all income for all household members. Types of income include:

**\*\*Key**

- **Wages**
- **Ret**-Retirement Income
- **RSDI**-Retirement, Survivors, Disability Insurance
- **Rent**-Rental Income
- **SS, SSI, SSDI**-Social Security
- **Pen**-Pension/Annuity
- **DIS**-Long/Short Disability
- **DFD**-Contract for Deed Interest
- **GA**-General Assistance
- **CS**-Child Support
- **MSA**-MN Supplement Aid
- **INT**-Interest/Dividend Interest
- **VA**-Veterans Benefits
- **AL**-Alimony or Spousal Support
- **DWP**-Diversiory Work Payments
- **Tribal**-Tribal Bonus, Judgements or Per Capita Payments
- **MFIP**
- **UC**-Unemployment Compensation
- **WC**-Workers Compensation
- **Other; please specify**

**Non-cash Benefits: Please circle if your household receives any of the following:**

SNAP	WIC	Affordable Care Act Subsidy	Childcare Voucher	Housing Choice Voucher (Section 8)
HUD-VASH	Energy Assistance	Permanent Supportive Housing	Public Housing	

If you need assistance in completing this application to accommodate a disability, you may request an accommodation at any time by contacting Tri-CAP via telephone, fax or e-mail.

I have been informed of the Tri-CAP Appeal Process and my Data Privacy Rights through the Tri-CAP Tennessee Warning and have the right to request a copy of each.

In addition, I certify that the information provided on this application is true to the best of my knowledge.

Applicant Signature

Date



## Tax Intake Form

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

M1PR ONLY ☐

BANKING INFORMATION			
Would you like your refund mailed to you?    YES    NO    If NO, please complete the information below			
DIRECT DEPOSIT INFORMATION			
Please circle the appropriate account and enter the name of the financial institution, routing number and account number below			
Type of account:	Checking	Savings*	CFR Card    Other Account
Name of the Bank:	<input type="checkbox"/> I need a FREE Debit card to direct deposit my refund. Please order me a FREE CFR card. Account Number: _____ Routing Number: _____ Verify account and routing number with card issuer.		
Routing Number:			
Account Number:			
*Savings account: Do not use the routing number on the bottom of savings deposit slip. Verify the routing number with your financial institution.			
Might you be eligible for an injured spouse form?    YES    NO    UNSURE			

ADDITIONAL SITUATIONS IMPACTING THE MINNESOTA RETURN			
YES	NO	UNSURE	
			Were you a resident of Minnesota the entire year?
			Did you have a child born in 2022?
			Did you pay education expenses in 2022 for your child/children attending K-12?
			Did you make Minnesota estimated income tax payments in 2022 to pay taxes in advance? \$ _____
			Are you a renter? How many 2022 CRPs (Certificates of Rent Paid) do you have? _____
			Are you a homeowner or mobile homeowner?
			Homeowner or mobile homeowner: Do you have the <b>2023</b> property tax statement?
			Homeowner or mobile homeowner: Do you have any other person living with you that is <u>not</u> a boarder, renter, parent, or other person not listed on your tax return?
			Did you rent out part of your home or use it for business?

TAXPAYER SURVEY		
YES	NO	
		If you did not already apply, do you want information on the Energy Assistance Program?
		If you have not already applied, do you want more information on the Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps?
		Are you interested in participating in one-on-one Financial Coaching?
		Do you have a checking account?
		Do you have a savings account? If yes, do you have over \$500 in savings account (circle one) YES    NO
		Do you have a pre-paid debit card (before today if one was opened at the site today)?
		Do you have a credit card?
		Do you want a free credit report?
		Do you want a free Chex System report? (Report with info to show your account activities and the reasons your past accounts have been closed)
		Have you increased your savings from last year?
How did you hear about the Tri-CAP tax program?		

## CONSENT TO USE AND DISCLOSE OF TAX RETURN INFORMATION

You are not required to complete this form to engage in our tax return preparation services today.

FYI: If agreeing below, your tax return can be e-filed and kept in the software. If you disagree, your return must be mailed and the return deleted from the software and there will be no future access to it.

**Taxpayer Name:** (Print) \_\_\_\_\_

### Tri-CAP Agrees:

- That we will keep your electronic and paper tax returns secure.
- We will never share your name, social security number, employer or other personal information with anyone without your permission.

### YOU AGREE:

- That we can create a computer file with information from your tax return that will include personal information such as your name and social security number.
- That we can use non-identifying information from your tax return to prepare reports and applications in support of the VITA program.
- That we can share information with you about community services that may be available to you.
- That we can include **non-identifying** (i.e. gender, race, filing status, etc.) information from your tax return in anonymous, aggregate data reports:
  - In marketing materials to promote the program
  - In the submission of funding applications which support the program

**I/We the taxpayer(s) have read the above information and hereby CONSENT to the tax preparer's Use of Tax Return Information for the purposes stated above.**

Taxpayers signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second taxpayer signature  
(if married and filing together): \_\_\_\_\_ Date: \_\_\_\_\_

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 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).

**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.

- 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	ZIP code
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, 2023, what was your marital status?	<input type="checkbox"/> Never Married <input type="checkbox"/> Married  <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed	(This includes registered domestic partnerships, civil unions, or other formal relationships under state law) a. If Yes, Did you get married in 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Did you live with your spouse during any part of the last six months of 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of final decree _____ Date of separate maintenance decree _____ Year of spouse's death _____
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## 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 12/31/23 (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 \$4,700 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? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/digital assets, 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, digital assets 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 1099-G)
<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, digital assets, 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"/> Roth IRA (B) <input type="checkbox"/> 401K (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 Homebuyers 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]

**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
7. Would you like information on how to vote and/or how to register to vote? ☐ 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.**

8. 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
9. Would you say you can read a newspaper or book in English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
10. Do you or any member of your household have a disability? ☐ Yes ☐ No ☐ Prefer not to answer
11. Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☐ No ☐ Prefer not to answer
12. Your race?  
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to answer
13. 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
14. Your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer
15. Your spouse's ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer ☐ No spouse

Additional comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice**

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

## 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, 2025.

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, 2025). 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>).