

**AT ALL VITA SITES:**

**Please be respectful and courteous to VITA VOLUNTEERS!**

**WE RESERVE THE RIGHT TO REFUSE SERVICE and to stop taking clients BEFORE the site close time!**

**Open for Walk-In, First Come First Serve basis**

**VITA Service is for 'In-Scope' Eligible Taxpayers generally with Annual Household Income of Less than \$69,000.**

S.No	Site	Site Address	Days & Hours *	Dates *
1	Arizona Complete Health Avondale Resource Center	995 E. Riley Drive Avondale, AZ 85323	Saturdays: 9:00 am - 1:00 pm	Saturdays: Feb. 7 - Apr. 11, 2026
2	ASU West Campus <b>Closed on 03/14/2026</b>	4701 W Thunderbird Rd, Glendale, AZ 85306 <b>Room: SANDS 103</b>	Saturdays: 10:00 am - 2:00 pm	Saturdays: Feb. 7 - Apr. 11, 2026
3	Buckeye Family Resource Center	210 S 6th St <b>Building 700</b> Buckeye, AZ 85326	Wednesdays: 2:00 pm - 6:00 pm	Wednesdays: Feb. 4 - Apr. 8, 2026
4	Citadel of Praise Church <b>Closed on 02/28/2026</b>	9501 W Peoria Ave Suite 110 Peoria, AZ 85345	Saturdays: 9:00 am - 1:00 pm	Saturdays: Feb. 7 - Apr. 11, 2026
5	Esther Angulo Community Center	9055 W Van Buren St Tolleson, AZ 85353	Fridays: 10:00 am - 1:00 pm	Fridays: Feb. 6 - Apr. 10, 2026
6	Estrella Mountain Comm. College <b>Closed on 03/20/2026</b>	3000 N. Dysart Rd, Avondale, AZ 85392 <b>Ocotillo Hall, Room 102</b>	Fridays: 9:00 am - 1:00 pm	Fridays: Feb. 6 - Apr. 10, 2026
7	Glendale Community College <b>Closed on 03/17/2026</b>	6000 W Olive Ave, Glendale, AZ 85302 <b>Building: B, Room: 108</b>	Tuesdays: 10:00 am - 1 pm	Tuesdays: Feb. 3 - Apr. 7, 2026
8	GESD System of Care Center <b>Closed on 02/25/26</b>	7677 W. Bethany Home Rd Glendale, AZ 85303	Wednesday: 3:00 pm - 6:00 pm	Wednesdays: Feb. 4 - Apr. 8, 2026
9	Littleton Elementary School District Office	1642 S. 107th Avenue, Avondale, AZ 85323 <b>Family Welcome Center</b>	Thursdays: 4:00 pm - 7:30 pm	Thursdays: Feb. 5 - Apr. 9, 2026
10	Luke Air Force Base <b>MUST HAVE BASE ACCESS</b> <b>Closed on 02/16/2026</b>	7424 N Homer Dr, <b>Base Library</b> Luke AFB, 85309	Mondays: 9:00 am - 12:00 pm	Mondays: Feb. 2 - Apr. 6, 2026
11	Riverboat Bingo	18300 W. Bell Road Surprise, AZ 85374	Wednesdays: 11:00 am - 3:00 pm	Wednesdays: Feb. 4 - Apr. 15, 2026
12	Surprise Resource Center	12425 W. Bell Road Surprise, AZ 85378 <b>Bldg. A, Suite # 124</b>	Mondays: 4:00 pm - 8:00 pm Tuesdays: 4:00 pm - 8:00 pm Thursdays: 9:00 am - 1:00 pm	Mondays: Feb. 2 - Apr. 13, 2026 Tuesdays: Feb. 3 - Apr. 14, 2026 Thursdays: Feb. 5 - Apr. 9, 2026

**\* Subject to Day/Time change and additional/early closures due to unforeseen circumstances and without any prior notice.**

**Other FREE Tax Preparation Options:**



Bring all the required documents to the VITA site location.  
Fill out the required paperwork and sign the consent forms  
Drop-Off the documents after a brief interview with a volunteer  
Return the following week to sign and pick-up your completed taxes



Go to a specific URL available ONLY at VITA sites OR email the site  
Set up a free Online account and E-File your Federal & State returns yourself for FREE

**BANKONAZ.ORG**



IRS will NOT be issuing paper checks for tax refunds starting 2026 Filing Season  
Taxpayers MUST bring Bank Account and Routing Number to the VITA site to avoid refund delays  
BANKONAZ.ORG has options to open a Secure and Affordable bank account  
Participating banks and credit unions across Arizona offer low-cost, low-fee transaction accounts that are certified as meeting the Bank On National Account Standards  
Scan to see participating financial institutions

To find Information on VITA Site Locations in other areas (Phoenix, Mesa, Tempe etc), please visit <https://irs.treasury.gov/freetaxprep/>

Interested in learning basic Tax Law & Becoming a VITA Volunteer? Visit & Sign-up at: [turnanewleaf.org/vita-program](http://turnanewleaf.org/vita-program)

# What to Bring to Your VITA Site for tax preparation

- ➔ **Social Security Cards** or **ITIN** and Birth dates for **EVERYONE** on the tax return
- ➔ **Valid photo identification** for both Taxpayer and Spouse (if applicable)
- ➔ **Bank Account and Routing number** for Direct Deposit/Debit (e.g. voided check or Bank phone app but **NOT the Deposit Slip**) **IRS will NOT be mailing checks for refunds starting 2026 tax season.**
- ➔ **Copy of last tax return filed**
- ➔ **Identity Protection PIN** number (IP PIN), if issued for **ANYONE** and/or **EVERYONE** on the tax return.
- ➔ For married filing joint returns, **both Taxpayer and Spouse must be present to sign the tax returns** before it is electronically filed.
- ➔ Proof of foreign status, if applying for an ITIN
- ➔ Wage and earning statements (Form W-2, W-2G, 1099-R, SSA-1099, 1099-Misc, 1099-NEC) from all employers
- ➔ Interest and dividend statements (Forms 1099-INT, 1099-DIV)
- ➔ Information for all other income (Pensions Form 1099-R, Social Security Statement Form 1099-SSA, Sale of stocks & bonds Form 1099-B)
- ➔ If Itemizing deductions: Documents for medical deductions, property taxes paid, mortgage interest, auto registration, charity contributions – **all added up** for each category.
- ➔ Form 1098-T from educational institution to claim education credits. Detailed list of additional educational expenses (e.g. books or supplies **REQUIRED for ATTENDANCE**)
- ➔ Amount paid to day care provider, their tax ID number, Full Name, and Address
- ➔ **Form 1095-A, Health Insurance Marketplace Statement** (Obama care health insurance)
- ➔ **Unmasked copies** of income transcripts from IRS and state, in absence of tax forms

## Will NOT prepare\*

- ➔ Married Filing Separate Returns
- ➔ Small business with losses and other Out of Scope items (contact a site for more details)
- ➔ 1099-R, Box 7 with codes: 5, 8, 9, A, E, J, K, N, P, R, T & U
- ➔ 1099 C: If filed for bankruptcy or Non-Personal (Business) credit cards
- ➔ Complicated and advanced Capital Gains/Losses; without Basis reported
- ➔ Schedule E (Rental Property - Exception: Active Duty Military members) or Sale of Rental Property
- ➔ Non-Cash donations of over \$500
- ➔ Other State Tax Returns except Arizona (Luke AFB will prepare ALL states for Active Duty Military members)
- ➔ **\* This is NOT an all-inclusive list. Please consult a VITA volunteer for a complete list of Out-Of-Scope items**

# Intake/Interview and Quality Review Sheet

**You will need:**

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social Security cards or ITIN letters for all persons on your tax return
- Picture ID (such as valid driver's license) for you and your spouse

- Complete pages 1-5 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, ask the IRS-certified volunteer preparer.

**Volunteers are trained to provide high quality service and uphold the highest ethical standards. To report unethical behavior to the IRS, email us at [ts.voltax@irs.gov](mailto:ts.voltax@irs.gov)**

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

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

**Check if you or your spouse were in 2025:**

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

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

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

What language \_\_\_\_\_

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, 2025, what was your marital status

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

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

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

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

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

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

## Optional Information

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

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

### Privacy Act and Paperwork Reduction Act Notice

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

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

**Additional Notes/Comments**

Bank Name

Checking or Savings Account?

Routing Number from Check or phone App (NOT from a Deposit Slip):

Account Number:

Form **15080**  
(October 2025)**Consent to Disclose Tax Return Information to  
VITA/TCE Tax Preparation Sites****Federal Disclosure:**

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

**Terms:**

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software, to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season. This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year. This consent is valid through November 30, 2027.

The tax return information that will be disclosed includes, but is not limited to, demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return. This information includes your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return. The tax return information that will be disclosed also includes the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year. Global Carry Forward will assist you only if you visit a different VITA or TCE partner next year that uses TaxSlayer. You have the right to receive a signed copy of this form.

**Limitation on the Duration of Consent:** I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 30, 2027). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

**Limitation on the Scope of Disclosure:** I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

**Consent:**

I/we, the taxpayer, have read the above information.

I/we hereby consent to the disclosure of tax return information described in the Global Carry Forward terms above and allow the tax return preparer to enter a PIN in the tax preparation software on my behalf to verify that I/we consent to the terms of this disclosure.

Primary taxpayer printed name and signature	Date
Secondary taxpayer printed name and signature	Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484. Report a Crime or IRS Employee Misconduct - U.S. Treasury Inspector General for Tax Administration (TIGTA) (<https://www.tigta.gov/reportcrime-misconduct>).

**Consent to Use Tax Return Information - Information used by A New Leaf  
Federal Disclosure**

Federal law requires this consent form to 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 do not have 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 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.

**Consent Terms**

I authorize A New Leaf VITA Program

Purpose - In order to provide marketing and outreach to the community in support of this free VITA tax preparation service we request your consent to report the results of our program.

Information to be used - The number of clients served, the number of tax returns we prepare, and the TOTAL amount of refunds and tax credits that are returned to our clients.

**Individual Personal information will never be used** - Information such as name, address, phone number, date of birth, or Social Security Numbers will not be used for any purpose.

I, \_\_\_\_\_  
(Print) Taxpayer Name

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_  
(Print) Spouse Name

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484.

**Consent to Disclose Tax Return Information - Information disclosed by A New Leaf  
Federal Disclosure**

Federal law requires this consent form to 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 do not have 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 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.

**Consent Terms**

I authorize A New Leaf VITA Program

Purpose - In order to provide marketing and outreach to the community in support of this free VITA tax preparation service we request your consent to report the results of our program.

Information to be disclosed - The number of clients served, the number of tax returns we prepare, and the TOTAL amount of refunds and tax credits that are returned to our clients.

**Individual Personal information will never be disclosed** - Information such as name, address, phone number, date of birth, or social security numbers will not be disclosed for any purpose.

I, \_\_\_\_\_  
Print Taxpayer Name

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_  
Print Spouse Name

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484.

**ALL Consents MUST be signed by Taxpayer & Spouse, if applicable**

**For the return to be E-Filed, Taxpayer & Spouse, if applicable, MUST Sign and Grant this Relational Consent**

**Consent to disclose Information to the VITA program **Relational** office**

**Federal Disclosure**

Federal law requires this consent form to 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 do not have 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 time that you specify. If you do not specify the duration of your consent, your consent is valid for three years from the date of signature.

**Consent Terms**

I authorize A New Leaf VITA Program

3 Years - Purpose – In order to provide support and administrative assistance to the tax preparer, the Software Developer will make available the taxpayer’s personal information to the VITA/TCE program Relational Office.

3 Years - Disclosure – Tax Preparer will disclose personal information to the software developer through the tax preparation software. The software developer will disclose that information to the VITA program Relational office.

**Individual personal information will never be disclosed** - Information such as name, address, phone number, date of birth, or social security numbers will not be disclosed for any purpose.

I, \_\_\_\_\_  
(Print) Taxpayer Name

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

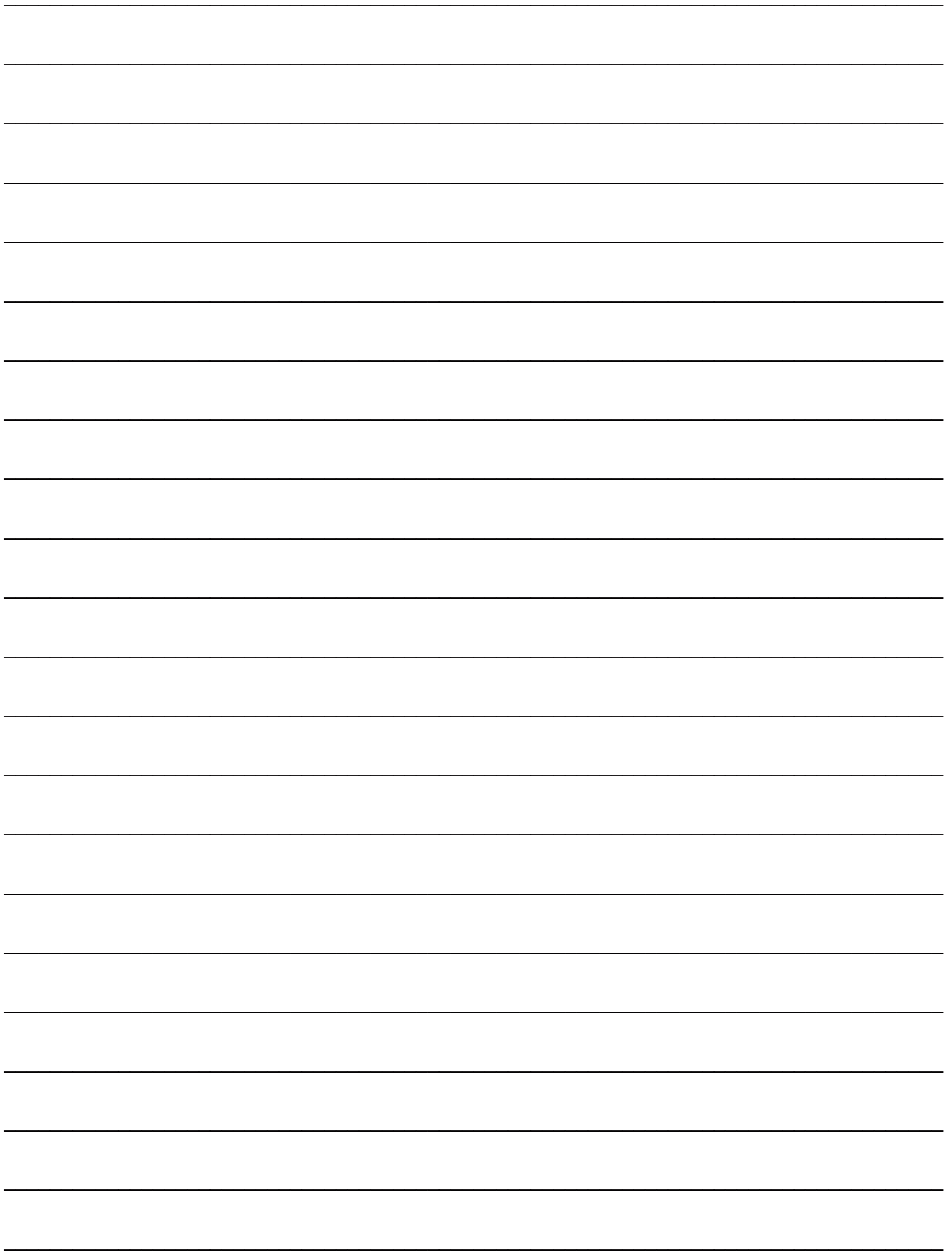
I, \_\_\_\_\_  
(Print) Spouse Name

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484.

**For the return to be E-Filed, Taxpayer & Spouse, if applicable, MUST Sign and Grant this Relational Consent**







## **TY-2025 OUT-OF-SCOPE CHECKLIST FOR VITA VOLUNTEERS**

Please check 4012 or with your Site Coordinator, if unsure about anything!

### **MARRIED FILING SEPARATE**

**FORM 1099-R, Box 7 with codes: 5, 8, 9, A, E, J, K, N, P, R, T & U**

**FORM W-2, Box 12 with codes: R, T, & Z**  
**(Code Q requires Military certification)**

**BUSINESS —SCHEDULE C:** Claiming Loss on business, Cost of Goods Sold, Depreciation, Business use of home, Expenses > \$35,000, Actual vehicle expenses, Inventory, Hobby Income

**RENTAL PROPERTY —SCHEDULE E: Non-Active Duty Military Taxpayers**, property rented at less than fair market value, casualty loss, actual expense method for vehicles

**CAPITAL GAINS/LOSSES —SCHEDULE D: FORM 1099-B with adjustment codes: C, D, N, Q, R, S, X, Y & Z.** Determination of Basis, More than 10 transactions.

### **PROFIT/LOSS FROM FARMING**

### **HOUSEHOLD EMPLOYMENT TAXES**

**FORM 1098-T :** Tuition Statement  
Boxes 4 & 6 (Adjustments)

### **DC FIRST – TIME HOME BUYER CREDIT**

**FORM 1099-DA:**  
Digital Asset Proceeds From Broker Transactions

**FORM 1098 –MA:** Mortgage Assistance Payments

**FORM 1116 —** Foreign Tax Credit

**FORM 8889:** HSA for certain conditions (use 4012)

**FORM 8936:** Qualified Plugin Electric Motor Vehicle Credit

**FORM 4684 —** Casualty & Theft Losses

**FORM 8853 —** Medical Savings Account

**FORM 8283 —** Non cash donations of more than \$500

**FORM 1099 Q —** If funds were **not used for qualified education expenses** OR Distribution was more than the qualified education expenses

**FORM 1099 MISC:** Box 5 (fishing boat proceeds), Boxes 7, 9 -15, FATCA filing reqd. box checked

**FORM 1099 C —** CANCELLATION OF DEBT: Business Credit Card or if it includes interest

**FORM 2210:** Underpayment of Estimated Tax

**FORM 4835:** Farm Rental Income & Expense

**FORM 4797:** Sale of Business OR Rental Property

**FORM 8834:** Plug—In Electric Vehicle Credit

**ADOPTION CREDIT & FORM 8839:** Qualified Adoption Expenses

**FORM 8606:** Non-deductible IRAs

**FORM 8829:** Expenses for business use of home

**FORM 8908:** Energy Efficient Home Credit

**FORM 8959:** Additional Medicare Tax

**This is NOT a comprehensive list, only MOST COMMON at VITA sites**

**Refer to Pub. 4012 for detailed list of Out-Of-Scope items for VITA**