

Your first name	M.I.	Last Name		Your Date of Birth	Your Job
Spouse's first name	M.I.	Last Name		Spouse's Date of Birth	Spouse's Job
Mailing Address		Apt #	City	State	Zip Code
Phone number	Email			Did you live or work in two or more states in 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Check if you or your spouse were in 2019:				If due a refund , would you like your refund:			
In the US on a visa	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	<input type="checkbox"/> Directly deposited (fastest processing)			
A full-time student	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	<input type="checkbox"/> Mailed to you by check (slower processing)			
Legally Blind	<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	If due a refund , are you interested in using these savings options?			
Issued an Identity Protection PIN	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	<input type="checkbox"/> Split your refund between accounts			
				<input type="checkbox"/> Purchase US Savings Bond			
				<input type="checkbox"/> Other			
Would you like \$3 to go to the Presidential Election Campaign Fund?	<i>If you check a box, your tax or refund will not change.</i>			If you have a balance due , would you like to make a payment directly from your bank account?			
	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
				<input type="checkbox"/> No			

<p>As of December 31, 2019, what was your marital status?</p> <p><input type="checkbox"/> Never Married</p> <p><input type="checkbox"/> Married If Married: Were you married for all of 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you live with your spouse during any part of the last six months of 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Divorced Date of final decree _____</p> <p><input type="checkbox"/> Legally Separated Date of separate maintenance decree _____</p> <p><input type="checkbox"/> Widowed Year of spouse's death _____</p>	<p>Filing status to be completed by certified volunteer</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Head of Household</p> <p><input type="checkbox"/> Married Filing Jointly</p> <p><input type="checkbox"/> Married Filing Separately</p> <p><input type="checkbox"/> Qualifying Widow(er)</p> <p>Can anyone else claim the taxpayer or spouse on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	---

[illegible]

The following information is for statistical purposes. These questions are optional.

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 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 from the U.S. Armed Forces? ☐ Yes ☐ No ☐ Prefer not to answer
5. Your race? ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to answer
6. 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
7. Your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer Not to Answer
8. Your spouse's ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer Not to Answer

Please answer the following questions on this page and the next page about your tax situation

Did you receive money from any of the following in 2019?	Income to be included: To Be Completed by Certified Volunteer	Notes/Comments
<input type="checkbox"/> Wages as a part-time or full-time employee How many jobs? _____ <input type="checkbox"/> Tips <input type="checkbox"/> Retirement account, pension or annuity proceeds <input type="checkbox"/> Disability benefits <input type="checkbox"/> Social Security or Railroad Retirement Benefits <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> Refund of state or local income tax <input type="checkbox"/> Interest or dividends (bank account, bonds, etc.) <input type="checkbox"/> From sale of stocks, bonds or real estate <input type="checkbox"/> Did you report a loss on last year's return? <input type="checkbox"/> Alimony <input type="checkbox"/> Rental properties <input type="checkbox"/> Farm activity <input type="checkbox"/> Gambling winnings, including lottery <input type="checkbox"/> Payments for contract or self-employment work <input type="checkbox"/> Did you report a business loss on last year's tax return? <input type="checkbox"/> Any other money received during the year (Example cash payments, jury duty, awards, virtual currency, royalties, union strike benefits):	<input type="checkbox"/> (B) W2s; Number of forms: _____ <input type="checkbox"/> (B/A) Tips (basic when reported on W2) <input type="checkbox"/> (B/A) 1099-R (basic when taxable amount is reported); Number of forms: _____ <input type="checkbox"/> (B) SSA-1099, RRB-1099 <input type="checkbox"/> (B) 1099-G: Number of forms: _____ <input type="checkbox"/> (B) 1099-INT/DIV: Number of forms: _____ <input type="checkbox"/> (A) 1099-B: Number of forms: ____ (include brokerage statement) <input type="checkbox"/> Capital Loss carryover <input type="checkbox"/> (B) Alimony, amount: \$_____ (excluded from income? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> (M) Rental income <input type="checkbox"/> (out of scope) Farm income <input type="checkbox"/> (B) W2G or other gambling winnings (list losses below if taxpayer can itemize deductions) <input type="checkbox"/> (A) Schedule C <ul style="list-style-type: none"> • 1099-Misc; Number: _____ • 1099-K: Number _____ • Other income reported elsewhere • Schedule C expenses: <input type="checkbox"/> Other income (virtual currency is out of scope):	

Did you pay any of the following expenses in 2019?	Deductions to use: To Be Completed by Certified Volunteer	Notes/Comments
<input type="checkbox"/> Mortgage Interest <input type="checkbox"/> Taxes: state, local, real estate, sales, etc. <input type="checkbox"/> Medical, Dental, Prescription Expenses <input type="checkbox"/> Charitable contributions	<input type="checkbox"/> (B) Taxable state/local income taxes <input type="checkbox"/> Did taxpayer itemize their deductions in prior year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	
Did you pay any of these expenses in 2019?	Expenses to report: To Be Completed by Certified Volunteer	
<input type="checkbox"/> Student loan interest <input type="checkbox"/> Child and dependent care <input type="checkbox"/> Contributions to a retirement account <input type="checkbox"/> School supplies by a teacher, teacher's aide or other educator <input type="checkbox"/> Alimony payments (do not include child support)	<input type="checkbox"/> (B) 1098-E <input type="checkbox"/> (B) Child and Dependent care credit <input type="checkbox"/> (A) IRA, 401(k), etc. deduction <input type="checkbox"/> (B) Saver's credit <input type="checkbox"/> (B) Educator expenses deduction <input type="checkbox"/> (B) Alimony payments with spouse's SSN \$ _____ (adj. to income? <input type="checkbox"/> Yes <input type="checkbox"/> No)	
Did any of the following happen during 2019?	Information to report: To Be Completed by Certified Volunteer	
Someone in your family was a college or other post-high school student (technical school, etc.) Sell a home Have a Health Savings Account Purchase health insurance through the Marketplace (Exchange) Receive the First Time Homebuyer Credit in 2008 Purchase and install energy-efficient home items? (Example windows, furnace, insulation, etc.) Have credit card, mortgage, or other debt cancelled/forgiven by a lender Have a loss related to a declared Federal disaster area? Adopted a child Have a tax credit disallowed? Example: Earned Income Credit, Child Tax Credit, or American Opportunity Credit Receive any letter or bill from the IRS Make estimated tax payments or apply last year's refund to 2019 taxes Additional information you think we should know:	<input type="checkbox"/> (B) Taxable Scholarship income <input type="checkbox"/> (B) 1098-T <input type="checkbox"/> (B) Education Credit or tuition and fees deduction <input type="checkbox"/> (A) Sale of Home (1099-S) <input type="checkbox"/> (HSA) HSA Contributions <input type="checkbox"/> HSA Distributions <input type="checkbox"/> (A) 1095-A <input type="checkbox"/> (A) First Time Homebuyer Credit Repayment <input type="checkbox"/> (B) Qualifying Energy Efficient Purchases <input type="checkbox"/> (A) 1099-C <input type="checkbox"/> (A) 1099-A <input type="checkbox"/> Disaster relief impacts return <input type="checkbox"/> (out of scope if utilizing credit) Adoption credit <input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year <input type="checkbox"/> Year disallowed: _____ Reason: _____ <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 <input type="checkbox"/> Additional information for accurate tax preparation:	
Volunteers are trained to provide high quality service and uphold the highest ethical standards. Report unethical behavior to the IRS at wi.voltax@irs.gov		

Form **15080 (EN-SP)****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 13, 2021.

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

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

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 13, 2021). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

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

Consent:

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

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

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

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