

**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 [sv.voltax@irs.gov](mailto:sv.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  Spouse  No  
 In the U.S. on a visa  You  Spouse  No  Spouse  No  
 A full-time student  You  Spouse  No  Spouse  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  Yes  No  Spouse  No

What language \_\_\_\_\_  Yes  No  Spouse  No

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

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

As of December 31, 2024, what was your marital status  Yes  No  Spouse  No

Never Married  Married  Yes  No  Spouse  No

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

Divorced  Legally Separated but not Divorced  Widowed  Yes  No  Spouse  No

Date of final decree \_\_\_\_\_ Date of separate maintenance decree \_\_\_\_\_ Year of spouse's death \_\_\_\_\_

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

List the names below of everyone who lived with you last year (except your spouse) **AND** anyone you supported but did not live with you last year.

Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	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:**

(B) Wages as a part-time or full-time employee \_\_\_\_\_ # \_\_\_\_\_

How many jobs \_\_\_\_\_

(B/A) Tips \_\_\_\_\_  (B/A) Tips (Basic when reported on W2) \_\_\_\_\_

(B/A) Retirement account, pension or annuity proceeds \_\_\_\_\_  (B/A) 1099-R (Basic when taxable amount is reported) # \_\_\_\_\_

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

(B) Disability benefits (such as payments from insurance and worker's compensation) \_\_\_\_\_  (B) Disability benefits on 1099-R or W-2 # \_\_\_\_\_

(B) Social Security or Railroad Retirement Benefits \_\_\_\_\_  (B) SSA-1099, RRB-1099 # \_\_\_\_\_

(B) Unemployment benefits \_\_\_\_\_  (B) 1099-G # \_\_\_\_\_

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

(B) Itemized last year  Yes  No

(B) Interest or dividends (bank account, bonds, etc.) \_\_\_\_\_  (B) 1099-INT # \_\_\_\_\_  (B) 1099-DIV # \_\_\_\_\_

(A) Sale of stocks, bonds or real estate \_\_\_\_\_  (A) 1099-B (include brokerage statement) # \_\_\_\_\_

Did you report a loss on last year's return  Yes  No  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 \_\_\_\_\_  Rental expense \$ \_\_\_\_\_

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

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

Did you report a loss on last year's return  Yes  No  1099-MISC # \_\_\_\_\_

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

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

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

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

Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits) \_\_\_\_\_  Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart) \_\_\_\_\_

**Notes/Comments**



**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?**

<input type="checkbox"/> (A) Mortgage Interest	<input type="checkbox"/> (A) 1098	# _____	Notes/Comments
<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			

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

<input type="checkbox"/> (B) Student loan interest	<input type="checkbox"/> (B) 1098-E	(To be completed by certified volunteer) Expenses to report	Notes/Comments
<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 2024?**

<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	(To be completed by certified volunteer) Information to report	Notes/Comments
<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) 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	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 2024 taxes	<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		



**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? Select all that apply	6. What is your spouse's race and/or ethnicity? Select all that apply
<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). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, S.E.T.S: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, 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>).





## FRANCISCAN COMMUNITY DEVELOPMENT CENTER OF FAIRVIEW 2025 VITA TAX SEASON/TAX YEAR 2024

### OUR VITA TY 2024 POLICY:

Please be respectful and courteous to VITA STAFF and VOLUNTEERS!

IN-PERSON (BY APPOINTMENT ONLY Children/additional people (not required for tax return) **NOT ALLOWED** at the site.  
WE RESERVE THE RIGHT TO REFUSE SERVICE and to STOP TAKING CLIENTS BEFORE our close time.



¡Sea respetuoso y cortés con el PERSONAL y los VOLUNTARIOS de VITA!

EN PERSONA (SOLO CON CITA PREVIA) NO SE PERMITEN niños/personas adicionales (no requeridas para la declaración de impuestos) en el sitio.

NOS RESERVAMOS EL DERECHO DE RECHAZAR EL SERVICIO y DEJAR DE TOMAR CLIENTES ANTES DE LA HORA DE CIERRE

Site Address	Days & Hours*	días y horas*
Franciscan CDC of Fairview 239 ANDERSON AVE. FAIRVIEW, NJ 07022	<b>Tuesday &amp; Thursday:</b> 9:00-11:00 AM & 2:00 - 5:00 PM <b>Wednesday &amp; Friday:</b> 2:00 - 5:00 PM <b>Saturday:</b> 9:00 AM - 1:30 PM	<b>Martes y Jueves:</b> 9:00-11:00 a.m. y 2:00-5:00 p.m. <b>Miércoles y Viernes:</b> 2:00 - 5:00 p.m. <b>Sábado:</b> 9:00 a. m. - 1:30 p. m

### FREE Tax Preparation Options:

<b>TAX OPTION:</b>	Traditional Return Preparation Method aka In-Person ( <b>REQUIRES</b> an appointment)	Método tradicional de preparación de declaraciones, también conocido como en persona ( <b>REQUIERE</b> una cita)
	Bring all the required documents to the VITA site location Fill out the required paperwork and sign the consent forms Stay at the site and have the taxes prepared the same day, while you wait	Lleve todos los documentos requeridos a la ubicación del sitio de VITA. Complete la documentación requerida y firme los formularios de consentimiento. Quédate en el sitio y haz que te preparen los impuestos el mismo día, mientras esperas.
<b>TAX OPTION:</b>	<b>DROP- OFF &amp; VIRTUAL SERVICE:</b>	<b>DEVOLUCIÓN &amp; SERVICIO VIRTUAL:</b>
	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 interview with a volunteer you will return on your scheduled appointment date to sign and pick-up your completed tax return. With your consent your return will be FILED accordingly.	Lleve todos los documentos requeridos a la ubicación del sitio de VITA. Complete la documentación requerida y firme los formularios de consentimiento. Entregue los documentos después de una entrevista con un voluntario al que regresará en la fecha programada de su cita para firmar y recoger su declaración de impuestos completa. con su consentimiento su declaración será PRESENTADA en consecuencia.

To find Information on VITA Site Locations in other areas (Bergen, Hudson, Union County, NJ etc.), please visit: <https://irs.treasury.gov/freetaxprep/>

Interested in becoming a VITA Volunteer? Visit & Sign-up at: <https://www.franciscancdc.org/volunteer>

Call/ Llamar:

Monday to Friday/ Lunes a viernes: **9:00 AM-5:00 PM-** 201.941.1000 /201.941.2977

Monday to Friday/ Lunes a viernes: **12:00-4:00 PM-** 201.870.1219

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

# **Tax documents you may need:**

## ***Documentos fiscales que puede necesitar:***

### **Identification / Identificación**

- Photo ID for each taxpayer.  
*Identificación con foto de cada contribuyente.*
- Social Security or ITIN cards for all members of the family.  
*Tarjetas de Seguro Social o ITIN para todos los miembros de la familia.*
- Official document or voided check with banking information for direct deposit if desired.  
*Documento oficial o cheque anulado con información bancaria para depósito directo si lo desea.*
- Last year's tax return if available.  
*La declaración de impuestos del año pasado si está disponible.*

### **Health Insurance / Seguro de salud**

- Health insurance information for all family members.  
*Información de seguro médico para todos los miembros de la familia.*
- NEW JERSEY Health Form 1095-A  
*Formulario de salud de New Jersey 1095-A.*

### **Income & Credits/ Ingresos y Créditos**

- |  |  |
|--|--|
| • Wage – W2<br><i>Salarios</i>   | • Ride-Share- 1099-K<br><i>Viaje compartido- uber</i>                  |
| • Social Security – 1099-SSA<br><i>Seguro social</i>                       | • Pensions – 1099-R<br><i>Pensiones</i>                                |
| • Interest Statements – 1099-INT<br><i>Intereses</i>                       | • Alimony<br><i>Pensión alimenticia</i>                                |
| • Dividend Statements – 1099-DIV<br><i>Dividendos</i>                      | • Tuition/Fees<br><i>Matricula / cuotas</i>                            |
| • Self-Employment Records<br><i>Registros de trabajo por cuenta propia</i> | • Student Loan Interest<br><i>Intereses de prestamos estudiantiles</i> |
| • Unemployment – 1099-G<br><i>Compensación por desempleo</i>               | • Childcare Expenses<br><i>Gastos de cuidado de niños</i>              |
| • Gambling Winnings – W2-G<br><i>Ganancias de juego</i>                    | • Mortgage Interest<br><i>Intereses hipotecarios</i>                   |
| • Other Income – 1099-MISC, 1099-NEC<br><i>Otros ingresos</i>              | • Donations to Charity<br><i>Donaciones a la caridad</i>               |
|  | • Stimulus Payments Received<br><i>Pago de estímulo recibido</i>       |