



IMPORTANT TAX PREP INFO—PLEASE READ

You are receiving this packet because you made an **appointment** (see envelope) to have your income tax returns prepared through Capstone's VITA Tax Program. The process involves two, brief in-person appointments with you and remote work by the VITA volunteer. If you need to cancel or reschedule, please call the Tax Line: **802-477-5148**.

Steps in the process:

- **Before your appointment**, please be sure you have received all necessary tax statements and documents. **Fill out** the two enclosed forms as best you can: **IRS Form 13614-C** (Interview/Intake & Quality Review Sheet) & **Capstone Intake** form.
- Be sure to **arrive promptly** for your appointment with all the required papers. You will need to bring:
 - ✓ **Photo ID** for yourself, and spouse if married filing jointly
 - ✓ **Social Security CARDS** for you (your spouse and dependents, if applicable)
 - ✓ **Both completed intake forms** - the enclosed IRS and Capstone forms
 - ✓ **ALL tax documents that apply to your situation** -See other side
- During your appointment, you will **meet** with a **VITA Tax Volunteer** who will review your ID, collect your paperwork, and ask some additional questions related to preparing your tax returns. It should take about 20 minutes or so.
- After you leave, preparing your returns may take about two weeks:
 - ✓ A VITA volunteer will prepare your returns remotely. They will contact you by phone or email if they have questions. Please be sure to respond.
 - ✓ A second volunteer will review the prepared returns for accuracy.
- When your returns are ready, a volunteer will contact you. You (and your spouse if filing jointly) will be asked to come again in-person to sign your returns.
 - ✓ The returns will **not** be **e-filed** until you have **signed** them.
 - ✓ You will be given a copy of your tax returns and all the supporting documents you provided will be returned to you.

DO NOT MAIL any tax forms or other tax materials to Capstone.
A MASK is encouraged when you come to Capstone.
Please do not come if sick.



List of Tax Prep SUPPORTING DOCUMENTS

Everyone needs to bring to their first appointment:

- Photo ID** for yourself, and spouse if married filing jointly
- Social Security Card** for yourself, spouse, and dependents, if applicable (or ITIN if applicable).
→ **IF you receive Social Security and have a 1099-SSA statement, you do not need the card.**

Bring all sources of income and tax documents that pertain to you:

- This will vary depending on your particular circumstances and reason for filing.
- Use the list below to determine what you, *and your spouse if married filing jointly*, may need to bring.
- You may want to check off items as you gather them. Missing documents will hold up the process.
- The description is followed by the **form number in bold**.

Common Sources of Income:

- Wage statement from ALL employers (**W-2**); not pay stubs
- Interest and Dividend Statements from banks/ investments (**1099-INT, 1099-DIV, 1099-B**)
- Social Security annual statement (**1099-SSA**)
- Retirement distribution statements from retirement accounts, IRAs, and Pensions (**1099-R**)
- Self-employment income (if applicable) – **tallied & itemized** record of gross receipts & expenses'
- Any and all other income statements you received, such as -
 - o unemployment compensation; both Federal & State are reported (**1099-G**)
 - o cancellation of debt (**1099-C**)
 - o gambling winnings (**W2-G**)
 - o miscellaneous non-employee income (**1099-MISC**)
 - o independent contractor (**1099-NEC**)
 - o third party payments (**1099-K**) (may include Venmo, PayPal or others)

Other Supporting Documents:

- Health Insurance** - If you had any health insurance in 2023, bring the provider's annual statement:
 - o Vermont Health Connect statement (**1095-A**) **required** if you had health insurance from VHC.
 - o Employer or other-based health insurance form (**1095-B/C**); bring if available.
 - o If you did not have health insurance in 2023, you don't need to bring any health ins. forms.
- Bank routing** number; **savings** and/or **checking account** numbers; only if electing direct deposit
- Statement from registered daycare provider, if applicable
- Tuition Statement (**1098-T**), if applicable
- Student Loan Interest paid (**1098-E**), if applicable
- Property Tax Bill** (for 2023-2024) if you own a home. Call your Town Clerk if you don't have the bill.
 1. **SSI/SSDI** - Bring monthly or annual information for yourself and spouse (if applicable).
 2. Bring all income and Social Security numbers for other adults in household (if applicable).

*** **Renters Please Note:** Landlord Certificates are no longer required.

Capstone VITA Intake

Tax Year: 2023

Taxpayer Name: _____ M F NB

Spouse's Name if married: _____ M F NB

Phone Number (10 digit) _____ Cell Landline

Ok to leave voice message? Yes No → If cell phone, OK to text a message? Yes No

Is it OK to E-mail if we have questions or to let you know your return is done? Yes No

If yes, email address (write clearly): _____

Living Address: Street _____ Apt. _____

Town* _____ ST _____ Zip _____

*** If you live in Barre – please indicate City or Town**

Mailing Address: Same as living address Different - enter mailing address on lines below

Please answer the follow questions for demographic purposes. This information is not shared.

Race: White African/American Asian American Indian Pacific Island Bi-racial.

Are you Hispanic? Yes No

Are you **Disabled**? Yes No

Military Status: Never in military Veteran Active Military

Do you receive Food Stamps / EBT/ SNAP? Yes No

Do you have health insurance? Yes No

Highest Level of Education: up to 8th grade some high school high school diploma or GED

some college Associate's degree Bachelor's degree Graduate studies/degree

Employment Status: work full time work part time retired not in labor force, not retired

currently unemployed, looking for work self-employed

HOMEOWNERS: Do you want to file a Homestead Declaration? Yes* No

** If yes, bring your Property Tax **BILL** for 2023-2024. Contact your Town Clerk for a copy if you don't have one.*

RENTERS: Do you want to apply for the VT Renter Credit? Yes* No

** If yes, how many total months did you rent in 2023? _____*

Direct Deposit Information: Fill in bank info only if you want any refund electronically deposited.

How do you want to receive any refund? Paper Check Direct Deposit (fill out below)

Bank #1 _____

Type of account: Checking Saving

Routing number _____

Account number _____

Initial here to certify this is your acct. _____

Bank #2 _____

Type of account: Checking Saving

Routing number _____

Account number _____

Initial here to certify this is your acct. _____

- You will need:**
- Tax Information cards such as Forms W-2, 1099, 1098, 1095.
 - Social Security cards or TIN 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

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
7. Your spouse's Date of Birth	8. Your spouse's job title	b. Totally and permanently disabled	c. Legally blind	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Last year, was your spouse:		b. Totally and permanently disabled	a. Full-time student	<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	c. Legally blind	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN?
 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?

Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. If Yes, Did you get married in 2023? Yes No

Divorced b. Did you live with your spouse during any part of the last six months of 2023? Yes No

Legally Separated Date of separate maintenance decree _____

Widowed Year of spouse's death _____

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

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 (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

		Part III – Income – Last Year, Did You (or Your Spouse) Receive	
Yes	No	Unsure	
<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.)

		Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay	
Yes	No	Unsure	
<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)

		Part V – Life Events – Last Year, Did You (or Your Spouse)	
Yes	No	Unsure	
<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]

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>).