

United Way of East Central Alabama Volunteer Income Tax Service

Who Qualifies: Household Income less than **\$67,000.00** or
Age of 55 and older, Disabled, or Veteran

Contact Information

Email: taxhelp@uweca.org Website: uweca.org
Anniston 256-236-8229 ext. 123 Oxford 256-835-0141 Weaver 256-820-5049

Please follow ALL the instructions and complete ALL the forms in their entirety

Failure to follow the instructions will result in a delay in your tax return processing

A. Complete the IRS Form 13614-C, Intake/Interview & Quality Review Sheet

Page 1 - Answer ALL questions

You MUST provide a good phone number and an email address, if available.

*If your answer is **YES** for **Identity Pin**, you must include your letter containing your identity pin issued by the IRS.

****IF YOU WANT TO RECEIVE YOUR REFUND BY DIRECT DEPOSIT**, you **MUST** provide a voided check or a direct deposit form from your bank. We **DO NOT** carry bank account information forward from previous tax returns.

Page 2 & 3– You must check EVERY box that applies to you or the joint filer

*You may write any additional information or notes as needed for each question.

****IF you had medical insurance in 2025 with Marketplace Insurance / HealthCare.gov**, you must provide the 1095A issued to you by Marketplace. If you did not receive your 1095A, contact Marketplace at 1-800-318-2596 | HealthCare.gov.
IRS WILL REJECT YOUR TAX RETURN IF NOT PROVIDED.

*****You may use the Additional Comment section for any other information you may need to provide concerning your tax return preparation**

B. Complete Information Required form

C. Please bring **ALL income tax documents needed to complete your tax return when returning the completed packet/forms**

*****Taxpayer and Joint Taxpayer (if applicable) must sign and date the bottom of Form 15080 and complete and sign the IRS Form 14446- Virtual VITA/TCE Taxpayer Consent, PART III.**

Information Required for Tax Preparation

Tax Return Year: Current 2025 Prior Years:

Taxpayer

Joint Taxpayer

 Married filing **JOINT** (all information is required)
 Married filing **SEPARATE** (name and SSN is required)

Name: _____

Driver License/Non-Drivers ID #: _____

State Issued By _____

Date of Issue _____

Expiration Date _____

SOCIAL SECURITY NUMBER: _____

EMAIL (optional) _____

*** Are you claimed as a **Dependent** by anyone on another tax return? Yes No

*** Did you have Health/Medical Insurance under Marketplace Insurance/Healthcare.gov? Yes No

You **MUST PROVIDE 1095A** issued to you by the Marketplace. If you did not receive your 1095A Contact Marketplace at 1-800-318-2596 | HealthCare.gov.

If you would like your refund to be direct deposited, a voided check or A direct deposit printout from the bank is required (NO DEPOSIT SLIPS)

If unable to provide a voided check or printout, **YOU** must COMPLETE the information below. **INFORMATION MUST BE LEGIBLE:**

SAV CKING Bank Routing # _____ Bank Account # _____

*Direct Deposit information DOES NOT pull forward from the prior year's information; you MUST provide your Direct Deposit Information

** You CAN NOT use your debit card number **Direct Deposit Information CAN NOT be added once the tax return review is finalized.

Dependents you **are claiming** on this year's tax return, AS LISTED on the Intake Review form:

***MUST** have **DOCUMENTED** proof of social security numbers.

Name	Social Security #	Name	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____

WHAT TO BRING:

- **Proof of identification (photo ID) for the Taxpayer and the Joint Filer, if applicable**
- **Social Security cards/Proof of social security numbers for you, your spouse, and ALL dependents being claimed**
- **A copy of last year's federal and state returns, if available**
- **W-2s** - Wage and earning statements (Form W-2, W-2G) from all employers.
- **Income/interest statements** received for any savings account/investments (1099)
- **1099s** showing other income (unemployment, social security, school loans, state tax refund, gambling winnings, non-employee compensation, miscellaneous income reported to the IRS)
- **1098s** showing payments you've made (school loan interest, mortgage interest, etc.)
- **1095-A** if you received credit from the healthcare.gov marketplace for health insurance/ had insurance in 2023 with Healthcare.gov
- **Taxes Paid:** Property Taxes & Personal Property Tax: Ad valorem tax amount only on Car Tax Receipts
- **Childcare expenses:** amount paid for each child, Childcare provider's name, address, Tax ID or SSN of the childcare provider
- **Charitable donations:** list of contributions and amounts
- Any additional documentation is normally provided for your individual tax return.
- Proof of bank account routing and account numbers for direct deposit, listed above.
- **Expenses paid:** *All Itemized Deductions **MUST BE TOTALED** by type of expense.

*Expense Examples: Payments to Doctors/Dentist; Prescriptions; Hospitals; Supplies; Equipment; etc.

*Receipts are not required by VITA, but would be required for by an IRS audit

Department of the Treasury - Internal Revenue Service
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 its.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
Your telephone number	Spouse's telephone number		Email address (optional)	
Can anyone else claim you or your spouse on their tax return			Did you live or work in two or more states in 2025	

Check if you or your spouse were in 2025:

A U.S. citizen You Spouse No No No No No No No

In the U.S. on a visa You Spouse No No No No No No

A full-time student You Spouse No No No No No 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 You Spouse No

What language _____ You Spouse No

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

As of December 31, 2025, what was your marital status Never Married Married If married, were you married on the last day of the year Yes No

Divorced Legally Separated but not Divorced Widowed No

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) **AND** 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**

(B) Wages as a part-time or full-time employee (B) W-2s # _____

(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) # _____

(B) Disability benefits (such as payments from insurance and worker's compensation) (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) Refund of state or local income tax (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 \$ _____

(A/M) Income from renting out your house or a room in your house (B) Alimony Excluded from income Yes No

If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days Yes No (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) \$ _____

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) \$ _____

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

- (A) Mortgage Interest
- (A) Taxes: state, local, real estate, sales, etc.
- (A) Medical, dental, prescription expenses
- (A) Charitable contributions

(A) 1098 # _____

(B) Standard deduction (A) Itemized deduction

Paid any of these expenses in 2025?

(To be completed by certified volunteer) Expenses to report

Notes/Comments

- (B) Student loan interest
- (B) Child and dependent care
- (B/A) Contributions to a retirement account
- (B) School supplies by a teacher, teacher's aide or other educator
- (B) Alimony payments (do not include child support)

(B) 1098-E

(B) Child and dependent care credit

(B/A) IRA (Basic if a Roth IRA or 401K)

(B) Educator expenses deduction \$ _____

(B) Alimony payments with spouse's SSN \$ _____
Adjustment to income Yes No

Did any of the following happen during 2025?

(To be completed by certified volunteer) Information to report

Notes/Comments

- (B) You or someone in your family took educational classes (technical school, college, job related, etc.)

(B) Taxable scholarship income

(B) 1098-T (Itemized statement from school, invoice, etc.)

(B) Education credit or tuition and fees deduction

- (A) Sell a home

(A) Sale of home (1099-S)

- (A) Have a health savings account (HSA)

(A) HSA contributions (A) HSA distributions

- (A) Purchase health insurance through the Marketplace (Exchange)

(A) 1095-A

- (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)

(A) Energy efficient home improvement credit (Form 5695, Part II only)

- (A) Other (example: purchased a new vehicle, etc.)

VIN # _____

- (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender

(A) 1099-C

- (A) Have a loss related to a declared Federal disaster area

(A) 1099-A

Disaster relief impacts return

- (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)

(B) EITC, CTC, AOTC or HOH disallowed in a previous year
Year disallowed Reason

- Receive any letter or bill from the IRS

Eligible for Low Income Taxpayer Clinic referral

- (B) Make estimated tax payments or apply last year's refund to 2025 taxes

(B) Estimated tax payments _____
 (B) Last year's refund applied to this year _____

- Brought last year's return

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.

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

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, write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS: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, 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>).

Page three of this form will be maintained at the site with all other required documents.

Part III: Taxpayer Consents:

Request to Review your Tax Return for Accuracy:

To ensure you are receiving quality services and an accurately prepared tax return at the volunteer site, IRS employees randomly select free tax preparation sites for review. If errors are identified, the site will make the necessary corrections. IRS does not keep any personal information from your reviewed tax return and this allows them to rate our VITA/TCE return preparation programs for accurately prepared tax returns. If you do not wish to have your return included as part of the review process, it will not affect the services provided to you at this site. If the site preparing this return is selected, do you consent to having your return reviewed for accuracy, by an IRS employee?

Yes No

Virtual Consent Disclosure:

If you agree to have your tax return prepared and your tax documents handled in the above manner, your signature and/or agreement is required on this document. Signing this document means that you are agreeing to the procedures stated above for preparing a tax return for you. (If this is a Married Filing Joint return both spouses must sign and date this document.) If you chose not to sign this form, we may not be able to prepare your tax return using this process. Since we are preparing your tax return virtually, we have to secure your consent agreeing to this process. If you consent to use these non-IRS virtual systems to disclose or use your tax return information, Federal law may not protect your tax return information from further use or distribution in the event these systems are hacked or breached without our knowledge. 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. 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. While the IRS is responsible for providing oversight requirements to Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) programs, these sites are operated by IRS sponsored partners who manage IRS site operations requirements and volunteer ethical standards. In addition, the locations of these sites may not be in or on federal property.

I am agreeing to use this site's Virtual VITA/TCE Process Yes No

Printed name		Printed name (spouse if married filing joint)	
Date of birth		Date of birth	
Last four digits Social Security/ITIN number		Last four digits Social Security/ITIN number	
Date	Telephone number	Date	Telephone number
Email address		Email address	
Signature (electronic)		Signature (electronic)	
OR		OR	
Signature (type/print)		Signature (type/print)	