

AARP TAX-AIDE, TY 2019 Georgia State Supplemental Intake Sheet

Requesting Preparer _____ Contact number _____
Taxpayer Name(S) _____

General Questions:

Dates lived in GA From _____ To _____

Did you receive interest on GA Municipal Bonds \$ _____

Was any part of your Tax Exempt Interest/Dividends
From a GA source? \$ _____

Did you have NR Income from GA Partnerships \$ _____

Was GA Income Tax withheld on any 1099-INT? \$ _____

Did you pay GA estimated taxes in 2019? \$ _____

Did you apply part of 2016 GA refund to 2019? \$ _____

Retirement Exclusion Questions:

Are you filing an MFJ tax return?

If yes, was anyone on this tax return 62 or older, or totally and completely disabled on 12/31/2019?

If you answered yes to both questions above:

Were you/your spouse self-employed in 2019?

If yes, do you have any Schedule-C income taxable to GA?

Taxpayer 1: \$ _____

Spouse: \$ _____

Did you have any Capital Gains (losses) that are not jointly owned?

Total Capital Gains Losses Taxpayer 1 _____

Total Capital Gains losses Spouse _____

(Do not include any Capital Gains from 1099-DIV as those have been previously allocated)

Did you have any Rents/Royalties/ Partnership income that are
not jointly owned?

Total Taxpayer _____

Total Spouse _____

Did you/your spouse have any Other Income Not Reported Elsewhere?

Total Other Income Taxpayer 1 _____

Total Other Income Spouse _____

(Do not include any line 21 income that has been allocated to either taxpayer in Federal Return, i.e.
W2-G or 1099-MISC income)

Did you have any Schedule E Income, not derived from a 1099-MISC or K-1?

Total Schedule E income taxpayer 1 _____

Total Schedule E income Spouse _____

Were you/your spouse under 62 and totally and permanently disabled on 12/31/2019, regardless of filing status?

Taxpayer 1: Type of Disability _____ Date of Disability _____

Spouse: Type of Disability _____ Date of Disability _____

Was any interest income added or subtracted from a GA return not jointly owned?

Taxpayer: \$ _____

Spouse: \$ _____

Low Income Credit Questions:

Did you receive Food Stamps in 2019? Yes/No

Were you incarcerated in 2019? Yes/No

Other Credits

Did you receive Federal Child & Dependent Care Credit? \$ _____

Did you have unreimbursed travel expenses incurred as a result of donating an organ in 2019?

\$ _____

Did you purchase or retrofit a single family home containing accessibility features for a disabled person?

Purchase? Yes/No Credit amount previously used \$ _____

Retrofit? Yes/No Credit amount previously used \$ _____

Are you a member of the GA National Guard/ GA Air National Guard or Full Time member of the armed services, and were on active duty for 90 days or more in 2019?

Credit remaining from previous years \$ _____

Did you provide caregiving to a qualifying family member?

Name of Family Member _____

SS# of Family Member _____

Age of Family Member _____

Disability of Family Member _____

Disability Date of Family Member _____

Did you pay for Drivers Education for a Dependent Minor Child?

Did they complete course successfully?

If yes,

Name of School _____

Name of Child _____

SS# of Child _____

Child's Birth date _____

Date of successful completion_____

Amount paid_____

Available up to 2 children per tax return, add second sheet if needed)

Did you receive Disaster Assistance from GEMA or FEMA?

Credit remaining from Previous Years \$_____

Agency Providing Assistance _____

Date Assistance Received _____

Amount of Assistance \$_____

Did you adopt a qualified foster child (children) after 1/1/2008?

Was child/ children under 18 on 12/31/19?

Credit remaining from previous years \$_____

Do you qualify for any GA credit not listed above?

