



# Lovejoy Community Center Taxpayer Packet and Instructions

## *All Services are Dropoff & Virtual*

WELCOME AND THANK YOU FOR REACHING OUT FOR YOUR TAX NEEDS.  
THE MARTIN LUTHER KING SR. COMMUNITY RESOURCES COLLABORATIVE IS A PROUD PARTICIPANT  
OF THE IRS VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM.

### **STEP 1:**

COMPLETE THE INTAKE SURVEY BY CLICKING THIS LINK: [REQUIRED VITA INTAKE SURVEY](#)

### **STEP 2:**

COMPLETE THIS TAXPAYER PACKET

1. TAXPAYER SURVEY
2. FORM 14446: VIRTUAL VITA/TCE TAXPAYER CONSENT
3. FORM 13614-C INTAKE/INTERVIEW AND QUALITY REVIEW SHEET
4. FORM 15080: CONSENT TO DISCLOSE TAX RETURN INFORMATION TO VITA/TCE TAX PREPARATION SITES

### **STEP 3:**

EMAIL THE PACKET TO [EBENEZER.VITATAX@GMAIL.COM](mailto:EBENEZER.VITATAX@GMAIL.COM)

### **STEP 4:**

A TAX PREPARER WILL CONTACT YOU BY PHONE OR EMAIL IN 5-7 BUSINESS DAYS  
TO SCHEDULE AN APPOINTMENT FOR VIRTUAL TAX PREP SERVICES

### **STEP 5:**

TAX RETURN WILL BE PREPARED FOR THE TAXPAYER

### **STEP 6:**

ALL TAXPAYERS HAVE TO PARTICIPATE IN A QUALITY REVIEW  
BEFORE TAX RETURN MAY BE SUBMITTED TO THE IRS

### **RESOURCES:**

FOR MORE INFORMATION OR TO PARTICIPATE IN OUR FREE VIRTUAL FINANCIAL CLASSES AND TRAINING,  
PLEASE VISIT OUR WEBSITE AT [www.mlksrcollaborative.com/classes](http://www.mlksrcollaborative.com/classes)

**EBENEZER VITA TAX PREP INFORMATION PAGE:**

[EBENEZER BAPTIST CHURCH VITA SITE](#)

***ALL SERVICES ARE FREE!!!!!!***

# WHAT TO HAVE READY

To ensure your tax preparation moves as fast as possible, please be prepared for your session. Here is the list of items you need to have ready. You will be given instructions on how to submit necessary documents to the tax preparer:

## REQUIRED DOCUMENTS/ITEMS

1. A valid, official photo identification (you and your spouse, if filing jointly)
2. One of the following for you, your spouse and any other person listed on your return:
  - Social Security Number (SSN) Card
  - Adoption Taxpayer Identification Number (ATIN) card or letter\*
  - Individual Taxpayer Identification Number (ITIN) card or letter\*\*(IRS assignment letters are acceptable)
3. Previous year's tax return
4. All W-2s for current year
5. Joint returns require both filers to be present to sign the return
6. Voided check or account number card to direct deposit your refund (This is optional, but allows for a quicker refund.)

## IF APPLICABLE:

1. Form 1095-A if you purchased health insurance through the marketplace
2. Form 1098-Mortgage Interest, property taxes, closing statement
3. Form 1099-Div, G, INT, Q, R, RRB, SSA, MISC, NEC for current tax year
4. If you had childcare or dependent care expenses, please bring the name, address and Tax ID or SSN/ITIN of the care provider
5. Form 1098-T or 1098-E for educational expense

**\*\*\*\*\*Have any additional items or documents you believe will be important for your tax preparer to have when completing your tax return.\*\*\*\*\***



**4. What are your plans for your tax refund this year? (Check all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> I Don't Expect A Refund       | <input type="checkbox"/> Pay Car/Truck/Purchase/Lease Automobile    | <input type="checkbox"/> Pay for Education/Student Loan/Tuition |
| <input type="checkbox"/> Something Nice/Vacation/Gifts | <input type="checkbox"/> Save It -Bank/Credit Union Savings Account | <input type="checkbox"/> Purchase a Home                        |
| <input type="checkbox"/> Move To Another City/State    | <input type="checkbox"/> Pay Mortgage/Rent                          | <input type="checkbox"/> Basic Needs (Food/Clothing)            |
| <input type="checkbox"/> I Don't Know (undecided)      | <input type="checkbox"/> Pay Credit Card/Loans                      | <input type="checkbox"/> Other: _____                           |

**5. Do you have any of the following accounts? (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Checking Account                     | <input type="checkbox"/> Certificate of Deposit (CD)         |
| <input type="checkbox"/> Health Savings Account               | <input type="checkbox"/> Individual Retirement Account (IRA) |
| <input type="checkbox"/> Basic Savings Account                | <input type="checkbox"/> Investment Account                  |
| <input type="checkbox"/> Savings Bonds/Stock Certificates     | <input type="checkbox"/> 401K or 403B                        |
| <input type="checkbox"/> Individual Development Account (IDA) |  |

**6. Did you or anyone in your tax household receive/participate in any of the following in 2020? (Check all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Food Stamps                 | <input type="checkbox"/> Childcare Assistance Program     | <input type="checkbox"/> Peach Care    |
| <input type="checkbox"/> Head Start/Early Head Start | <input type="checkbox"/> Section 8/Housing Choice Voucher | <input type="checkbox"/> WIC           |
| <input type="checkbox"/> TANF                        | <input type="checkbox"/> Medicaid/Medicare                | <input type="checkbox"/> WIOA Training |
| <input type="checkbox"/> SSI/SSDI                    | <input type="checkbox"/> Re-Entry Training                | <input type="checkbox"/> LIHEAP        |

**7. What is your current living arrangement? (Check only one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Homeless or At-Risk of Homelessness | <input type="checkbox"/> Group Home/Shelter                  |
| <input type="checkbox"/> Rent/Lease (Home/Apartment/Room)    | <input type="checkbox"/> Half-Way House/Transitional Housing |
| <input type="checkbox"/> Own My Home (No Mortgage Payment)   | <input type="checkbox"/> Hotel/Motel                         |
| <input type="checkbox"/> Live with Family/Friend (Free)      | <input type="checkbox"/> Camper/Trailer                      |
| <input type="checkbox"/> Dorm Room/College Campus            | <input type="checkbox"/> Live with Family/Friend             |

**8. Do you or anyone in your tax household have a diagnosed disability? (Check all that apply)**

- No                       Physical Disability                       Mental Disability

**9. Which of the following would you be the most interested in learning about?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Affordable rental housing                | <input type="checkbox"/> Car Loans         | <input type="checkbox"/> Affordable Homeownership          |
| <input checked="" type="checkbox"/> Job or career counseling      | <input type="checkbox"/> Banking services  | <input type="checkbox"/> Foreclosure prevention assistance |
| <input type="checkbox"/> Public Benefits assistance (food stamps) | <input type="checkbox"/> Credit counseling | <input type="checkbox"/> Not answered                      |

**10. What is your highest level of education completed? (Check only one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Less than High School or GED              | <input type="checkbox"/> Two-Year Degree (Associates)                   |
| <input type="checkbox"/> High School                               | <input type="checkbox"/> Four-Year Degree (Bachelors)                   |
| <input type="checkbox"/> GED                                       | <input type="checkbox"/> Six-Year Degree (Masters)                      |
| <input type="checkbox"/> Certificate Program                       | <input type="checkbox"/> Eight-Year Degree (Doctorate)                  |
| <input type="checkbox"/> Currently Enrolled in GED Program         | <input type="checkbox"/> Currently Enrolled in Two-Year Degree Program  |
| <input type="checkbox"/> Currently Enrolled in Certificate Program | <input type="checkbox"/> Currently Enrolled in Four-Year Degree Program |

**11. In what area(s) if any, has the Covid-19 pandemic affected your household?**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Employment     | <input type="checkbox"/> Housing          | <input type="checkbox"/> School       |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Food/Basic Needs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Not answered   |   |                                       |

**Virtual VITA/TCE Taxpayer Consent**

This form is required whenever the taxpayer's tax return is completed and/or quality reviewed in a non-face-to-face environment. The site must explain to the taxpayer the process this site will use to prepare the taxpayer's return. If applicable, taxpayers must also be advised of all procedures and the associated risk if their data will be transferred from one site location to another site location.

**Part I - To be completed by the VITA/TCE site:**

Site name

LoveJoy Community Center

Site address (*street, city, state, zip code*)

11622 hastings Bridge Rd  
Hampton, Ga. 30228

Site identification number (SIDN)

Site coordinator name

Quen Howard

Site contact name

Love Joy CommunityCenter

Site contact telephone number

678-698-5148

**This site is using the following Virtual VITA/TCE method(s) to prepare your tax return:**

- A. Drop Off Site:** This site uses a drop off process which includes the site maintaining personal identifiable information (social security numbers, Form W-2, etc.) to prepare the tax return at the same site but at a later time. In this process, you will come back to the same site for the quality review and/or signing the completed tax return. The site will explain the method it will use to contact you if additional information is needed to prepare and/or quality review the tax return.
- B. Intake Site:** This method includes the taxpayer leaving their personal identifiable information (*social security numbers, Form W-2 and other documents*) at the site in order to prepare and/or quality review the tax return at another location. In this process, the taxpayer's tax return information may be sent to another location for one or more of the following reasons; interviewing the taxpayer, preparing the tax return, or performing a quality review. The taxpayer may come back to the intake site for the quality review or to review and sign the completed tax return.
- C. Return Preparation and/or Quality Review Only Site:** This site may receive returns from one or more intake sites to prepare and/or quality review returns. This site generally does not take walk-in or appointments from other taxpayers in their location.
- D. Combination Site:** This site prepares returns for other permanent or temporary intake sites as well as assisting walk in and/or appointment only taxpayers within their location.
- E. 100% Virtual VITA/TCE Process:** This method includes non face-to-face interactions with the taxpayer and any of the VITA/TCE volunteers during the intake, interview, return preparation, quality review, and signing the tax return. The taxpayer will be explained the full process and is required to consent to step-by-step process used by the site. This includes the virtual procedures to send required documents (social security numbers, Form W-2 and other documents) through a secured file sharing system to a designated volunteer for review.

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**Part II: The Sites Process:**

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Explain how each process will be followed to assist taxpayers remotely. How will the site manage:

1. Scheduling the appointment

Parking Lot Only 8:30-10:30 am. 2 Locations Love Joy Community Center Hastings Bridge Rd  
Sam's Club Jonesboro Rd. Jonesboro Ga

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2. Securing Taxpayer Consent Agreement

Secured in a lock box

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3. Performing the Intake Process (*secure all documents*)

Parking Lot given an intake sheet to be completed on site

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4. Validating taxpayer's authentication (*Reviewing photo identification & Social Security Cards/ITINS*)

Verification of ID checking SS and Drive License

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5. Performing the interview with the taxpayer(s)

In person before leaving paperwork

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6. Preparing the tax return

To be completed by the site coordinator

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7. Performing the quality review

Site coordinator will ensure aa second person will conduct the QR

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8. Sharing the completed return

Having the taxpayer to return back to the location as to where the drop off occurred and verify the info

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9. Signing the return

Signature will occur when taxpayer return back to the original location and at that time taxpayer will receive their completed tax return

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10. E-filing the tax return

Should be efile within or less 24 hours of signature

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**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](mailto: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 <i>(spouse if married filing joint)</i>	
Date of birth	Last four digits Social Security/ITIN number	Date of birth	Last four digits Social Security/ITIN number
Date	Telephone number	Date	Telephone number
Email address		Email address	
Signature <i>(electronic)</i>		Signature <i>(electronic)</i>	
<b>OR</b>		<b>OR</b>	
Signature <i>(type/print)</i>		Signature <i>(type/print)</i>	

# Intake/Interview & 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.

- 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](mailto: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	Daytime telephone 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	Daytime telephone 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	
			b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Your spouse's Date of Birth	8. Your spouse's job title		9. Last year, was your spouse:	
			a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No	
			b. Totally and permanently disabled <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				
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**Part II – Marital Status and Household Information**

1. As of December 31, 2020, 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 2020?  Yes  No

Divorced b. Did you live with your spouse during any part of the last six months of 2020?  Yes  No

Date of final decree \_\_\_\_\_

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

											<b>To be completed by a Certified Volunteer Preparer</b>				
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 last year (yes/no)	Single or Married as of 12/31/20 (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 \$4,300 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

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) <b>If yes, how many jobs did you have last year?</b> _____
<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? (Form 1099-MISC, 1099-NEC, cash, virtual currency, or other property or services)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/virtual currency payments, 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, Virtual Currency 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 1099G)
<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, virtual currency, Sch K-1, royalties, foreign income, other property or services, etc.) Specify _____
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<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 to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (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)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<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 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]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2020?

**Additional Information and Questions Related to the Preparation of Your Return**

- 1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) \_\_\_\_\_
- 2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund       You       Spouse
- 3. If you are due a refund, would you like:      a. Direct deposit      b. To purchase U.S. Savings Bonds      c. To split your refund between different accounts  
 Yes       No       Yes       No       Yes       No
- 4. If you have a balance due, would you like to make a payment directly from your bank account?       Yes       No
- 5. Did you live in an area that was declared a Federal disaster area?       Yes       No      If yes, where? \_\_\_\_\_
- 6. Did you, or your spouse if filing jointly, receive a letter from the IRS?       Yes       No

**Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding . Your answer will be used only for statistical purposes. These questions are optional.**

- 7. Would you say you can carry on a conversation in English, both understanding & speaking?       Very well       Well       Not well       Not at all       Prefer not to answer
- 8. Would you say you can read a newspaper or book in English?       Very well       Well       Not well       Not at all       Prefer not to answer
- 9. Do you or any member of your household have a disability?       Yes       No       Prefer not to answer
- 10. Are you or your spouse a Veteran from the U.S. Armed Forces?       Yes       No       Prefer not to answer
- 11. Your race?  
 American Indian or Alaska Native       Asian       Black or African American       Native Hawaiian or other Pacific Islander       White       Prefer not to answer
- 12. 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  
 No spouse
- 13. Your ethnicity?       Hispanic or Latino       Not Hispanic or Latino       Prefer not to answer
- 14. Your spouse's ethnicity?       Hispanic or Latino       Not Hispanic or Latino       Prefer not to answer       No spouse

Additional comments

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**Privacy Act and Paperwork Reduction Act Notice**

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. 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, SE:W: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 12, 2022.

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 12, 2022). 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](mailto:complaints@tigta.treas.gov).