Form 13614-C  
(October 2020)
Department of the Treasury - Internal Revenue Service
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

Part I – Your Personal Information  (if you are filing a joint return, enter your names in the same order as last year’s return)

<table>
<thead>
<tr>
<th>1. Your first name</th>
<th>M.I.</th>
<th>Last name</th>
<th>Daytime telephone number</th>
<th>Are you a U.S. citizen? □ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Your spouse’s first name</td>
<td>M.I.</td>
<td>Last name</td>
<td>Daytime telephone number</td>
<td>Is your spouse a U.S. citizen? □ Yes □ No</td>
</tr>
<tr>
<td>3. Mailing address</td>
<td>Apt #</td>
<td>City</td>
<td>State</td>
<td>ZIP code</td>
</tr>
<tr>
<td>4. Your Date of Birth</td>
<td>5. Your job title</td>
<td>6. Last year, were you: a. Full-time student □ Yes □ No b. Totally and permanently disabled □ Yes □ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Your spouse’s Date of Birth</td>
<td>8. Your spouse’s job title</td>
<td>9. Last year, was your spouse: a. Full-time student □ Yes □ No b. Totally and permanently disabled □ Yes □ No</td>
<td></td>
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</tr>
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<td>10. Can anyone claim you or your spouse as a dependent? □ Yes □ No □ Unsure</td>
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<tr>
<td>11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? □ Yes □ No</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (first, last)</th>
<th>Date of Birth (mm/dd/yy)</th>
<th>Relationship to you (for example: son, daughter, parent, none, etc)</th>
<th>Number of months lived in your home last year</th>
<th>US Citizen (yes/no)</th>
<th>Resident of US, Canada, or Mexico last year (yes/no)</th>
<th>Single or Married as of 12/31/20 (S/M)</th>
<th>Full-time Student last year (yes/no)</th>
<th>Totally and Permanently Disabled (yes/no)</th>
<th>Is this person a qualifying relative? (yes/no)</th>
<th>Did this person provide more than 50% of her/his support? (yes/no)</th>
<th>Did this person have less than $4,300 of income? (yes/no, $4,300)</th>
<th>Did the taxpayer(s) provide more than 50% of support for this person? (yes/no, $4,300)</th>
<th>Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
<td>(e)</td>
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<td>(j)</td>
<td>(k)</td>
<td>(l)</td>
<td>(m)</td>
<td>(n)</td>
</tr>
</tbody>
</table>

To be completed by a Certified Volunteer Preparer

Catalog Number 52121E

www.irs.gov

Form 13614-C (Rev. 10-2020)
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Part III – Income – Last Year, Did You <em>(or Your Spouse)</em> Receive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>1. (B) Wages or Salary? (Form W-2) <strong>If yes, how many jobs did you have last year?</strong>____</td>
</tr>
<tr>
<td></td>
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<td>2. (A) Tip Income?</td>
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<td>3. (B) Scholarships? (Forms W-2, 1098-T)</td>
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<td></td>
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<td></td>
<td>4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>5. (B) Refund of state/local income taxes? (Form 1099-G)</td>
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<td>6. (B) Alimony income or separate maintenance payments?</td>
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<tr>
<td></td>
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<td></td>
<td>7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash, virtual currency, or other property or services)</td>
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<td></td>
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<td></td>
<td>8. (A) Cash/check/virtual currency payments, or other property or services for any work performed not reported on Forms W-2 or 1099?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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)</td>
</tr>
<tr>
<td></td>
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<td>10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)</td>
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<td></td>
<td>11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)</td>
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<td>12. (B) Unemployment Compensation? (Form 1099G)</td>
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<td>13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)</td>
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<td>14. (M) Income (or loss) from Rental Property?</td>
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<td></td>
<td>15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, virtual currency, Sch K-1, royalties, foreign income, other property or services, etc.) <strong>Specify</strong>____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Part IV – Expenses – Last Year, Did You <em>(or Your Spouse)</em> Pay</th>
</tr>
</thead>
</table>
|     |    |        | 1. (B) Alimony or separate maintenance payments? **If yes, do you have the recipient’s SSN?**  
|     |    |        | □ Yes □ No | 401K (B)  |
|     |    |        | 2. Contributions to a retirement account? □ IRA (A) □ Other |
|     |    |        | □ 401K (B) □ Roth IRA (B) |
|     |    |        | 3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T) |
|     |    |        | □ (A) Medical & Dental (including insurance premiums) □ (A) Mortgage Interest (Form 1098) |
|     |    |        | □ (A) Taxes (State, Real Estate, Personal Property, Sales) □ (B) Charitable Contributions |
|     |    |        | 4. Any of the following? |
|     |    |        | 5. (B) Child or dependent care expenses such as daycare? |
|     |    |        | 6. (B) For supplies used as an eligible educator such as a teacher, teacher’s aide, counselor, etc.? |
|     |    |        | 7. (A) Expenses related to self-employment income or any other income you received? |
|     |    |        | 8. (B) Student loan interest? (Form 1098-E) |

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Part V – Life Events – Last Year, Did You <em>(or Your Spouse)</em></th>
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<tbody>
<tr>
<td></td>
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<td>1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)</td>
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<td>2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)</td>
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<td>3. (A) Adopt a child?</td>
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<td>4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? <strong>If yes, for which tax year?</strong>____</td>
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<td>5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)</td>
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<td>6. (A) Receive the First Time Homebuyers Credit in 2008?</td>
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<td>7. (B) Make estimated tax payments or apply last year’s refund to this year’s tax? <strong>If so how much?</strong>____</td>
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<td>8. (A) File a federal return last year containing a “capital loss carryover” on Form 1040 Schedule D?</td>
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<td>9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]</td>
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<td>10. (B) Receive an Economic Impact Payment (stimulus) in 2020?</td>
</tr>
</tbody>
</table>
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
      □ Yes  □ No
   b. To purchase U.S. Savings Bonds
      □ Yes  □ No
   c. To split your refund between different accounts
      □ 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

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

Additional comments
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: If 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: If 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.
Form 14446
(October 2020)

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

Human Services Programs of Carroll County, Inc.

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

10 Distillery Drive, Suite G-1

Westminster, MD 21157

<table>
<thead>
<tr>
<th>Site identification number (SIDN)</th>
<th>Site coordinator name</th>
</tr>
</thead>
<tbody>
<tr>
<td>S20312848</td>
<td>Jennifer Clagett / Rachel Muse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Site contact name</th>
<th>Site contact telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Graybill</td>
<td>410-857-2229</td>
</tr>
</tbody>
</table>

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.
Part II: The Sites Process:

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

1. Scheduling the appointment
   Taxpayers may call 410-386-6653 or visit http://www.hspinc.org/vita to schedule an appointment for drop-off.

2. Securing Taxpayer Consent Agreement
   During the on-site intake appointment, located at HSP's offices, taxpayers will review all consent forms and may discuss these with our IRS-certified staff or volunteers. Virtual Consent Form 14446 must be signed in order to complete the drop-off return.

3. Performing the Intake Process (secure all documents)
   During the on-site intake appointment, located at HSP's offices, taxpayers must submit all necessary documents required to complete the return. (Ex: all W-2, 1099, 1098, receipts for property tax paid, child care expenses paid, etc.) HSP will make photocopies of these documents to assist in preparing the return. The taxpayer will complete Form 13614-C and sign acknowledgments.

4. Validating taxpayer's authentication (Reviewing photo identification & Social Security Cards/TINS)
   During the initial on-site intake appointment, the IRS-certified volunteer will verify the taxpayers identity by requesting a government-issued photo ID for all adults in the household, and social security cards for everyone in the household.

5. Performing the interview with the taxpayer(s)
   During the initial on-site intake appointment, the taxpayer will take part in an interview with an IRS-certified volunteer. Using Form 13614-C, the volunteer will collect the necessary information to complete the return and verify that the submitted documentation matches information given on Form 13614-C.

6. Preparing the tax return
   Following the initial intake appointment and interview, an IRS-certified volunteer preparer will prepare the taxpayer's return using TaxSlayer software, Form 13614-C and submitted the documentation. Preparers will be located on-site at HSP, and will complete the return typically within 7 business days. The preparer may request additional information from the taxpayer if needed.

7. Performing the quality review
   Once the preparer completes the return, the taxpayer will be contacted to take part in a Quality Review with another IRS-certified volunteer. Quality Reviews will be performed on-site at HSP, or may take place using videoconferencing software, Zoom, per the taxpayer's preference. The Quality Reviewer will check the return for accuracy using TaxSlayer software, Form 13614-C, submitted documentation, and taxpayer verification.

8. Sharing the completed return
   During the Quality Review appointment, the IRS-certified volunteer will share the completed return with the taxpayer, and review the information on the return. The Quality Reviewer will ask the taxpayer to verify information before signing return, and explain that by signing the return, the taxpayer is verifying the accuracy of all information on the return.

9. Signing the return
   The taxpayer will review and sign the completed return and e-file authorization form during the Quality Review appointment. The taxpayer may sign the return on-site at HSP or electronically using DocuSign software, per the taxpayers preference. A signed copy of the return will be given to the taxpayer for their records.

10. E-filing the tax return
    Once the taxpayer has signed the completed return and e-file authorization form, the return will be e-filed within 48 hours, using TaxSlayer software.
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

<table>
<thead>
<tr>
<th>Printed name</th>
<th>Printed name (spouse if married filing joint)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td>Date of birth</td>
</tr>
<tr>
<td>Last four digits Social Security/ITIN number</td>
<td>Last four digits Social Security/ITIN number</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>Telephone number</td>
<td>Telephone number</td>
</tr>
<tr>
<td>Email address</td>
<td>Email address</td>
</tr>
<tr>
<td>Signature (electronic)</td>
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<tr>
<td>OR</td>
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<tr>
<td>Signature (type/print)</td>
<td>Signature (type/print)</td>
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</tbody>
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### Part 1. Client Information

<table>
<thead>
<tr>
<th>Client name</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

**Gender**
- ☐ Male (1)
- ☐ Trans Male (3)
- ☐ Female (2)
- ☐ Trans Female (4)
- ☐ Gender Non-conforming (5)

**Marital Status**
- ☐ Married (1)
- ☐ Separated (2)
- ☐ Single (3)
- ☐ Widowed (4)
- ☐ Divorced (5)

**Social Security Number**

**Date of Birth**

**Home Address**

**City/State/Zip**

**Mailing Address**

**City/State/Zip**

**Phone #**

**Email**

**Homeless**
- ☐ Yes
- ☐ No

**Disability**
- ☐ Yes
- ☐ No

**Veteran**
- ☐ Yes
- ☐ No

**Pregnant**
- ☐ Yes
- ☐ No

**Due Date if Yes**

**Medical Insurance**

**Box C**
- ☐ None (1)
- ☐ Medical Assistance (2)
- ☐ Private (3)
- ☐ Other (4)
- ☐ PAC (5)
- ☐ Medicare (6)
- ☐ VA (7)
- ☐ Indian (8)

**Transportation Problem**
- ☐ Frequently
- ☐ Sometimes
- ☐ Never
- ☐ Unknown

**Ethnicity**

**Box D**
- ☐ Hispanic/Latino
- ☐ Yes
- ☐ No

**Race(s)**

**Box E**
- ☐ White (1)
- ☐ Black or African-American (2)
- ☐ Asian (3)
- ☐ American Indian/Alaska Native (4)
- ☐ Native Hawaiian/Pacific Islander (5)

### Part 2. Household Information

Please complete information for all Household Members. Use codes from Boxes A, B, C, D, and E above.

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>MI</th>
<th>Last</th>
<th>Gender (Box A)</th>
<th>Relationship to you</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date of Birth**

**SSN**

**Disability**
- ☐ Yes
- ☐ No

**Veteran**
- ☐ Yes
- ☐ No

**Pregnant**
- ☐ Yes
- ☐ No

**Due Date if Yes**

**Medical Ins. (Box C)**

**Ethnicity (Box D)**

**Race(s) (Box E)**

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>MI</th>
<th>Last</th>
<th>Gender (Box A)</th>
<th>Relationship to you</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date of Birth**

**SSN**

**Disability**
- ☐ Yes
- ☐ No

**Veteran**
- ☐ Yes
- ☐ No

**Pregnant**
- ☐ Yes
- ☐ No

**Due Date if Yes**

**Medical Ins. (Box C)**

**Ethnicity (Box D)**

**Race(s) (Box E)**

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>MI</th>
<th>Last</th>
<th>Gender (Box A)</th>
<th>Relationship to you</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Universal Data Elements Intake Form**

### Part 2 Continued

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>Ml</th>
<th>Last</th>
<th>Gender (Box A)</th>
<th>Relationship to you</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>MM / DD / YYYY</td>
<td>SSN</td>
<td>Marital Status (Box B)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Disability</td>
<td>Veteran</td>
<td>Pregnant</td>
<td>Due Date if Yes</td>
<td>Medical Ins. (Box C)</td>
<td>Ethnicity (Box D)</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>/</td>
<td>Y</td>
</tr>
</tbody>
</table>

---

**Client Acknowledgement of Data Entry into Community ServicePoint System**

The Community ServicePoint System (CSP) is used by provider agencies to record information about clients that they serve. This information helps the agencies to plan for and provide services to clients. This information also can be shared among agencies, if you, the client, agree in order to improve the coordination and delivery of your services.

By signing this document you are:
- Acknowledging that demographic information about you and your family will be entered into the Community ServicePoint (CSP)
- Allowing basic demographic information about you / your family to be viewed by our partner providers. (See List)

*This information includes your name and last 4 digits of your social, contact information such as phone number, address, and email address along with, age, race, nationality, disability status, veteran, and medical insurance status. Sharing of this information will allow you to be served by other agencies without repeating basic information about yourself / your family. Other information will not be shared without your written approval. Your approval or disapproval does not affect your eligibility status.*

Please select the agencies your information may be shared with:
- [ ] Carroll County Youth Services Bureau
- [ ] Human Services Program
- [ ] Recovery Support Services
- [ ] Westminster Rescue Mission
- [ ] I request my information Not Be Shared

---

FOR HSP OFFICE STAFF ONLY:

- Client ID: ________
- HSP Staff: ________
- Date: ________

---

Other Party
- (Client is minor or requires guardian)
- Relationship to Client
- End Date
### Monthly Income Data and Sources for Household

10 Distillery Drive, Westminster, MD 21157  
P. O. Box 489, Westminster, MD 21158  
www.hspinc.org  
410-857-2999  
410-876-5407  
FAX 410-857-8793

**Household Name:** _____________________________  
**Date:** _____________________________

**ALL ADULTS IN HOUSEHOLD OVER THE AGE OF 18 MUST COMPLETE MONTHLY INCOME DATA BELOW**

<table>
<thead>
<tr>
<th>Monthly Source of Income (round to nearest dollars)</th>
<th>HoH Name: $__________</th>
<th>Adult 2 Name: $__________</th>
<th>Adult 3 Name: $__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned Income (Wages, Salary or Self-Employment income)</td>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>Pension, Retirement Income (Annuities, IRAs)</td>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>Retirement Income from Social Security or Railroad Retirement Benefits</td>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>Alimony or Other Spousal Support</td>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>Social Security Disability (SSDI)</td>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>VA Service-Connected Disability Compensation</td>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>VA Non-Service-Connected Disability Pension</td>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>Needy Families (TANF/TCA)</td>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>General Assistance (GA)</td>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>Private Disability Insurance</td>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>Child Support</td>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
</tr>
</tbody>
</table>
| Other Sources  
If yes, specify source: | $__________ | $__________ | $__________ |
| **Total Monthly Income From All Sources** | $__________ | $__________ | $__________ |
Consent to Use Personal Tax Return Information

Federal law required this consent form to be provided to you. Unless authorized by law, we cannot disclose without your consent, your tax return information to third parties for purpose other than the preparation and filing of your tax return. 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. If we obtain your signature on this form by conditioning our 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 you specify. The duration specified below can be changed if desired. If you do not specify the duration of your consent, your consent is valid for one year.

Defined Terms

Tax Preparer Human Services Program of Carroll County, Inc. Volunteer Income Tax Assistance Site

Information: The taxpayer's 2020 (of prior returns, 2009 – 2019, completed in 2020) tax return(s) and all information contained therein.

Disclosure: Information from your tax return may be shared with Human Services Program of Carroll County, Inc. and/or the CASH Campaign of Maryland.

Purpose: Identifying information is shared with Human Services Program of Carroll County, Inc. and/or the CASH Campaign of Maryland for advice, technical assistance, and to assure accuracy of your return. Electronic version of your return will be scored by Human Services Program of Carroll County, Inc. for further review of your return. Human Services Programs of Carroll County, Inc. and/or CASH Campaign of Maryland may use identifying information from your tax return to contact you. You may be contacted to participate in programs provided by them.

Consent Granted

I/we the taxpayer, have read the above information and hereby CONSENT to the Tax Preparer’s Disclosure of the Personal Information for the Purpose stated above. Duration of Consent: 3 years.

Taxpayer: Date

Spouse: Date:

Address:
Consent to Disclosure Personal Tax Return Information

Federal law required this consent form to be provided to you. Unless authorized by law, we cannot disclose without your consent, your tax return information to third parties for purpose other than the preparation and filing of your tax return. 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.

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Taxpayer: ________________________________ Date: ________________________________

Spouse: ________________________________ Date: ________________________________

Address: ________________________________
VITA Survey Questions

The following questions are optional, however we appreciate your feedback, as your responses will help us plan and improve our services. Thank you for your participation!

1. How did you have your taxes done last year?
   A. This location or another free place like this.
   B. I did my own taxes or had family/friends help me.
   C. I paid someone else to do my taxes.
   D. I did not file taxes last year.

2. How did you hear about our service?
   A. Website/Social Media
   B. Flyer/Marketing Material
   C. Family/Friend
   D. Employer
   E. Library
   F. Other

3. How will you use most of your refund?
   A. Buy something fun.
   B. Pay down debt (Credit Card, loans etc)
   C. Pay Past Due Bills
   D. Spend on a large Expense.
   E. Save or Invest it
   F. I'm not sure yet.
   G. I don't expect a refund.

4. How would you have done your taxes this year without a free tax preparation service?
   A. I would have done my own.
   B. I would have had a family member/friend help me.
   C. I would have paid a tax preparer.
   D. I wouldn't have done my taxes.
   E. Other ________________________________

5. What is the highest level of education you have completed?
   A. Less than high school
   B. High School or GED
   C. Some college or technical school
   D. Two-year degree (associates)
   E. Four-year degree (Bachelors)
   F. Some graduate school
   G. Graduate Degree
6. What is your current living arrangement?
   A. I am a homeowner.
   B. I rent a home or apartment.
   C. I live with someone else (family, friend).
   D. I am currently homeless.
   E. Other __________________________

7. Would you like information about other free programs that help you pay your bills, improve your credit, or save you money?
   A. Yes
   B. No

8. What financial topics would you be interested in hearing more about?
   A. Budgeting / creating a financial plan
   B. Creating savings / assets
   C. How to build / improve credit
   D. Managing debt
   E. Purchasing a home / car
   F. Purchasing insurance
   G. Other __________________________