

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)

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

Divorced

Legally Separated

Widowed

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

Date of final decree _____

Date of separate maintenance decree _____

Year of spouse's death _____

2. List the names below of:

- **everyone** who lived with you last year (other than your spouse)
- **anyone** you supported but did not live with you last year

If additional space is needed check here and list on page 3

Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico 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)	To be completed by a Certified Volunteer Preparer				
									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

Part III – Income – Last Year, Did You (or Your Spouse) Receive

Yes	No	Unsure	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (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 _____

Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay

Yes	No	Unsure	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? 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"/>	<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? (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"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)

Part V – Life Events – Last Year, Did You (or Your Spouse)

Yes	No	Unsure	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 Yes No To purchase U.S. Savings Bonds 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

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

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.

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

Site identification number (SIDN)

S20312848

Site coordinator name

Jennifer Clagett / Rachel Muse

Site contact name

Jennifer Graybill

Site contact telephone number

410-857-2229

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, all 1099, all 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/ITINS*)

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 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>	
OR		OR	
Signature <i>(type/print)</i>		Signature <i>(type/print)</i>	



Staff	
Appt.	
Verified	

Part 1. Client Information						
Client Name		First		MI		Last
Gender Box A	<input type="checkbox"/> M (1)	<input type="checkbox"/> Transfemale (3)	Marital Status Box B		<input type="checkbox"/> Married (1)	<input type="checkbox"/> Separated (4)
	<input type="checkbox"/> F (2)	<input type="checkbox"/> Transmale (4)			<input type="checkbox"/> Single (2)	<input type="checkbox"/> Widowed (5)
		<input type="checkbox"/> Gender Non-conforming (5)		<input type="checkbox"/> Divorced (3)		
Social Security Number				Date of Birth	MM / DD / YYYY	
Home Address				City/State/Zip		
Mailing Address				City/State/Zip		
Phone #				Email		
Homeless	Disability		Veteran		Pregnant	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		/ /	
Medical Insurance Box C	<input type="checkbox"/> None(1) <input type="checkbox"/> Medical Assistance(2) <input type="checkbox"/> Private(3)			Transportation Problem	<input type="checkbox"/> Frequently <input type="checkbox"/> Sometimes	
	<input type="checkbox"/> PAC(4) <input type="checkbox"/> Medicare(5) <input type="checkbox"/> VA(6) <input type="checkbox"/> Indian(7)				<input type="checkbox"/> Never <input type="checkbox"/> Unknown	
<input type="checkbox"/> Other(8)						
Ethnicity Box D	Are you Hispanic/Latino?			Race(s) Box E	<input type="checkbox"/> White (1)	
	<input type="checkbox"/> Yes (Y)				<input type="checkbox"/> Black or African-American (2)	
	<input type="checkbox"/> No (N)				<input type="checkbox"/> Asian (3)	
					<input type="checkbox"/> American Indian/Alaska Native (4)	
					<input type="checkbox"/> 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

Name	First	MI	Last	Gender (Box A)	Relationship to you	
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)	Ethnicity (Box D)	Race(s) (Box E)
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	/ /	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Name	First	MI	Last	Gender (Box A)	Relationship to you	
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)	Ethnicity (Box D)	Race(s) (Box E)
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	/ /	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Name	First	MI	Last	Gender (Box A)	Relationship to you	
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)	Ethnicity (Box D)	Race(s) (Box E)
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	/ /	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5



Part 2 Continued									
Name	First MI Last			Gender (Box A)			Relationship to you		
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5					
Date of Birth	MM / DD / YYYY		SSN	Marital Status (Box B)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)		Ethnicity (Box D)	Race(s) (Box E)		
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	/ /	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Name	First MI Last			Gender (Box A)			Relationship to you		
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5					
Date of Birth	MM / DD / YYYY		SSN	Marital Status (Box B)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)		Ethnicity (Box D)	Race(s) (Box E)		
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	/ /	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Name	First MI Last			Gender (Box A)			Relationship to you		
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5					
Date of Birth	MM / DD / YYYY		SSN	Marital Status (Box B)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)		Ethnicity (Box D)	Race(s) (Box E)		
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	/ /	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		

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:

- | | |
|--|--|
| <input type="checkbox"/> Access Carroll | <input type="checkbox"/> Carroll County Youth Services Bureau |
| <input type="checkbox"/> Carroll County Bureau of Aging | <input type="checkbox"/> Human Services Program |
| <input type="checkbox"/> Carroll County Department of Citizen Services | <input type="checkbox"/> Recovery Support Services |
| <input type="checkbox"/> Carroll County Department of Social Services | <input type="checkbox"/> Westminster Rescue Mission |
| <input type="checkbox"/> Carroll County Health Department | <input type="checkbox"/> I request my information <u>Not Be Shared</u> |

Client's Signature _____

Other Party _____
 (Client is minor or requires guardian)

Date Signed _____

Relationship to Client _____

Effective Date _____

End Date _____

FOR HSP OFFICE STAFF ONLY:
Client ID: _____
HSP Staff: _____
Date: _____



Human Services Programs
of Carroll County, Inc.

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

Monthly Source of Income (round to nearest dollars)	HoH Name: _____	Adult 2 Name: _____	Adult 3 Name: _____
Earned Income (Wages, Salary or Self-Employment income)	\$ _____	\$ _____	\$ _____
Pension, Retirement Income (Annuities, IRAs)	\$ _____	\$ _____	\$ _____
Retirement Income from Social Security or Railroad Retirement Benefits	\$ _____	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____	\$ _____
Alimony or Other Spousal Support	\$ _____	\$ _____	\$ _____
Social Security Disability (SSDI)	\$ _____	\$ _____	\$ _____
VA Service-Connected Disability Compensation	\$ _____	\$ _____	\$ _____
VA Non-Service-Connected Disability Pension	\$ _____	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____	\$ _____
Needy Families (TANF/TCA)	\$ _____	\$ _____	\$ _____
General Assistance (GA)	\$ _____	\$ _____	\$ _____
Supplemental Security Income (SSI)	\$ _____	\$ _____	\$ _____
Private Disability Insurance	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
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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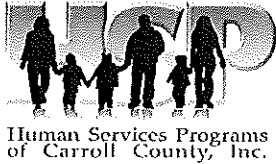
Taxpayer:

Date

Spouse:

Date:

Address:



ECONOMIC MOBILITY PROGRAM

Volunteer Income Tax Assistance (VITA)

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 _____