

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	Best contact 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	Best contact number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address		Apt #	City	State
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		c. Legally blind <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		c. Legally blind <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				
12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)				

Part II – Marital Status and Household Information

1. As of December 31, 2022, 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 2022? Yes No

Divorced b. Did you live with your spouse during any part of the last six months of 2022? Yes No

Legally Separated Date of final decree _____

Widowed 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

To be completed by a Certified Volunteer Preparer

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 12/31/22 (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 \$4,400 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) 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? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/digital assets, 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, digital assets 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 1099-G)
<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, digital assets, Sch K-1, royalties, foreign income, etc.)
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 or repayments to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> 401K (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, student loan 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]

Additional Information and Questions Related to the Preparation of Your Return

- 1. Would you like to receive written communications from the IRS in a language other than English? Yes No If yes, which language? _____
- 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
- 7. Would you like information on how to vote and/or how to register to vote? 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.

- 8. 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
- 9. Would you say you can read a newspaper or book in English? Very well Well Not well Not at all Prefer not to answer
- 10. Do you or any member of your household have a disability? Yes No Prefer not to answer
- 11. Are you or your spouse a Veteran from the U.S. Armed Forces? Yes No Prefer not to answer
- 12. Your race?
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Prefer not to answer
- 13. 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
- 14. Your ethnicity? Hispanic or Latino Not Hispanic or Latino Prefer not to answer
- 15. 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 30, 2024.

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 30, 2024). 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 when any part of the tax return preparation process is completed without in-person interaction between the taxpayer and the VITA/TCE volunteer. The site must explain to the taxpayer the process used to prepare the taxpayer's return. If applicable, volunteers must advise the taxpayer of the associated risk of transferring their data from one site location to another site.

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

Ashley Joslyn

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 tax returns:

- A. Drop Off Site:** This site uses a drop off process which includes the site maintaining personally 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, the taxpayer comes back to the same site for the quality review and/or signing the completed tax return. The site must explain the method it uses to contact the taxpayer if additional information is needed.

Note: Sites where the taxpayer does not leave the site's property, for example waiting in another room or in a vehicle, are not considered drop off sites. Since the taxpayer remains at the site, they are not required to complete Form 14446. If the taxpayer leaves their tax documents at the site and then leaves the site's property for any reason, the taxpayer must complete Form 14446.

- B. Intake Site:** This method includes the taxpayer leaving their personally 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-ins or appointments in their location.
- D. Combination Site:** This site prepares returns for other permanent or temporary intake sites and assists walk-ins and appointments in their location.
- E. 100% Virtual VITA/TCE Process:** There is no in-person interaction with the taxpayer and any of the VITA/TCE volunteers in this process, during the intake, interview, return preparation, quality review, and signing the tax return. The site must explain the virtual processes and consent. 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 the taxpayer 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, 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 (securing all documents)

During the on-site intake appointment, 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

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 relevant documentation submitted by the taxpayer. 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 preparer. Quality Reviews will be performed on-site at HSP, or may take place via videoconferencing 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 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 via the TaxSlayer Customer Portal, per the taxpayers preference. A 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.

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

Part III: Taxpayer Consents:

Request to Review your Tax Return for Accuracy:

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

Yes No

Virtual Consent Disclosure:

If you agree to have your tax return prepared and your tax documents handled in the above manner, your signature and/or agreement is required on this document. Signing this document means that you are agreeing to the procedures stated above for preparing a tax return for you. (If this is a Married Filing Joint return both spouses must sign and date this document.) If you chose not to sign this form, we may not be able to prepare your tax return using this process. Since we are preparing your tax return virtually, we have to secure your consent agreeing to this process. If you consent to use these non-IRS virtual systems to disclose or use your tax return information, Federal law may not protect your tax return information from further use or distribution in the event these systems are hacked or breached without our knowledge. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature. If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at complaints@tigta.treas.gov. While the IRS is responsible for providing oversight requirements to Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) programs, these sites are operated by IRS sponsored partners who manage IRS site operations requirements and volunteer ethical standards. In addition, the locations of these sites may not be in or on federal property.

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

Printed name		Printed name (spouse if married filing joint)	
Date of birth	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 (electronic)		Signature (electronic)	
OR		OR	
Signature (type/print)		Signature (type/print)	



Staff	
Need	
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)		
	<input type="checkbox"/> Questioning (6)					
Social Security Number				Date of Birth	MM	/
Home Address				City/State/Zip	DD	/
Mailing Address				City/State/Zip	YYYY	
Phone #				Email		
Homeless	Disability	Veteran	Pregnant	Due Date if Yes		
<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, African-American, African (2)	
	<input type="checkbox"/> No (N)			<input type="checkbox"/> Asian or Asian American (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
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)		<input type="checkbox"/> 1
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"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
				<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<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
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)		<input type="checkbox"/> 1
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"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
				<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<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
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)		<input type="checkbox"/> 1
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"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
				<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<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
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
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

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 and HUD required programmatic data about you/your family to be shared with other CSP participating providers (Human Services Program, Carroll County Health Department, Access Carroll, Carroll County Youth Service Bureau, Carroll County Bureau of Aging, Carroll County Department of Citizen Services, Westminster Rescue Mission).
This information includes your name, ssn, contact information such as phone number, address, and email address, along with age, race, nationality, disability status, veteran, medical insurance status, and all HUD required client information. Sharing of this information will allow you to be served by other agencies without repeating the same 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.
- If you do not wish to share information with a particular agency or agencies, please advise who:

Client's Signature

Date Signed

Effective Date

Other Party
(Client is minor or requires guardian)

Relationship to Client

End Date

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



COMMUNITY SERVICEPOINT UNIVERSAL DATA ELEMENTS
Income Data and Sources for Household

Household Name: _____ Date: _____

ALL ADULTS (18 and over) IN THE HOUSEHOLD MUST COMPLETE INCOME DATA BELOW:

Source of Income (round to nearest dollars)	HoH Name:	Adult 2 Name:	Adult 3 Name:
Earned Income (i.e., employment income)	\$	\$	\$
Unemployment Insurance	\$	\$	\$
Supplemental Security Income (SSI)	\$	\$	\$
Social Security Disability (SSDI)	\$	\$	\$
VA Service-Connected Disability Compensation	\$	\$	\$
VA Non-Service-Connected Disability Pension	\$	\$	\$
Private Disability Insurance	\$	\$	\$
Worker's Compensation	\$	\$	\$
Needy Families (TANF/TCA)	\$	\$	\$
General Assistance (GA/TDAP)	\$	\$	\$
Retirement Income from Social Security	\$	\$	\$
Pension/Retirement Income from a Former Job	\$	\$	\$
Child Support	\$	\$	\$
Alimony or Other Spousal Support	\$	\$	\$
Other Source(s):	\$	\$	\$
Total Monthly Income from All Sources	\$	\$	\$
Supplemental Nutrition Assistance Program (SNAP)	\$	\$	\$
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	\$	\$	\$
TANF or Other Child Care Services	\$	\$	\$
TANF or Other Transportation Services	\$	\$	\$
Other Source(s):	\$	\$	\$

The below signature(s) indicate this information is accurate to the best of my knowledge.

_____	_____	_____
Name	Signature	Date
_____	_____	_____
Name	Signature	Date
_____	_____	_____
Name	Signature	Date

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 2022 (or prior) 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. If yes, 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 _____