

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Received money from any of the following in 2025:	(To be completed by certified volunteer) Income to be included	Notes/Comments
<input type="checkbox"/> (B) Wages as a part-time or full-time employee	<input type="checkbox"/> (B) W-2s	# _____
How many jobs _____		
<input type="checkbox"/> (B/A) Tips	<input type="checkbox"/> (B/A) Tips (Basic when reported on W2)	
<input type="checkbox"/> (B/A) Retirement account, pension or annuity proceeds	<input type="checkbox"/> (B/A) 1099-R (Basic when taxable amount is reported) # _____	
	<input type="checkbox"/> (A) Qualified Charitable Distribution From 1099-R \$ _____	
<input type="checkbox"/> (B) Disability benefits (such as payments from insurance and worker's compensation)	<input type="checkbox"/> (B) Disability benefits on 1099-R or W-2 # _____	
<input type="checkbox"/> (B) Social Security or Railroad Retirement Benefits	<input type="checkbox"/> (B) SSA-1099, RRB-1099 # _____	
<input type="checkbox"/> (B) Unemployment benefits	<input type="checkbox"/> (B) 1099-G # _____	
<input type="checkbox"/> (B) Refund of state or local income tax	<input type="checkbox"/> (B) Refund \$ _____	
	<input type="checkbox"/> (B) Itemized last year <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
<input type="checkbox"/> (B) Interest or dividends (bank account, bonds, etc.)	<input type="checkbox"/> (B) 1099-INT # _____ <input type="checkbox"/> (B) 1099-DIV # _____	
<input type="checkbox"/> (A) Sale of stocks, bonds or real estate	<input type="checkbox"/> (A) 1099-B (include brokerage statement) # _____	
Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Capital loss carryover <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
<input type="checkbox"/> (B) Alimony	<input type="checkbox"/> (B) Alimony \$ _____	
	<input type="checkbox"/> Excluded from income <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
<input type="checkbox"/> (A/M) Income from renting out your house or a room in your house	<input type="checkbox"/> (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) \$ _____	
If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Rental expense \$ _____	
<input type="checkbox"/> Income from renting personal property such as a vehicle		
<input type="checkbox"/> (B) Gambling winnings, including lottery	<input type="checkbox"/> (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____	
<input type="checkbox"/> (A) Payments for contract or self-employment work	<input type="checkbox"/> (A) Schedule C # _____	
Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1099-MISC # _____	
	<input type="checkbox"/> 1099-NEC # _____	
	<input type="checkbox"/> 1099-K # _____	
	<input type="checkbox"/> Other income reported elsewhere \$ _____	
	<input type="checkbox"/> Schedule C expenses \$ _____	
<input type="checkbox"/> Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	<input type="checkbox"/> Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart) \$ _____	

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Paid any of the following expenses to itemize in 2025?		(To be completed by certified volunteer) Standard or Itemized Deductions		Notes/Comments
<input type="checkbox"/> (A) Mortgage Interest	<input type="checkbox"/> (A) Taxes: state, local, real estate, sales, etc.	<input type="checkbox"/> (A) Medical, dental, prescription expenses	<input type="checkbox"/> (B) Standard deduction	<input type="checkbox"/> (A) Itemized deduction # _____
<input type="checkbox"/> (A) Charitable contributions				
Paid any of these expenses in 2025?		(To be completed by certified volunteer) Expenses to report		Notes/Comments
<input type="checkbox"/> (B) Student loan interest	<input type="checkbox"/> (B) 1098-E	<input type="checkbox"/> (B) Child and dependent care credit		
<input type="checkbox"/> (B) Child and dependent care		<input type="checkbox"/> (B/A) IRA (Basic if a Roth IRA or 401K)		
<input type="checkbox"/> (B/A) Contributions to a retirement account		<input type="checkbox"/> (B) Educator expenses deduction \$ _____		
<input type="checkbox"/> (B) School supplies by a teacher, teacher's aide or other educator		<input type="checkbox"/> (B) Alimony payments with spouse's SSN \$ _____		
<input type="checkbox"/> (B) Alimony payments (do not include child support)		<input type="checkbox"/> Adjustment to income <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did any of the following happen during 2025?		(To be completed by certified volunteer) Information to report		Notes/Comments
<input type="checkbox"/> (B) You or someone in your family took educational classes (technical school, college, job related, etc.)		<input type="checkbox"/> (B) Taxable scholarship income		
		<input type="checkbox"/> (B) 1098-T (itemized statement from school, invoice, etc.)		
		<input type="checkbox"/> (B) Education credit or tuition and fees deduction		
<input type="checkbox"/> (A) Sell a home	<input type="checkbox"/> (A) Sale of home (1099-S)	<input type="checkbox"/> (A) HSA contributions	<input type="checkbox"/> (A) HSA distributions	
<input type="checkbox"/> (A) Have a health savings account (HSA)				
<input type="checkbox"/> (A) Purchase health insurance through the Marketplace (Exchange)	<input type="checkbox"/> (A) 1095-A			
<input type="checkbox"/> (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)		<input type="checkbox"/> (A) Energy efficient home improvement credit (Form 5695, Part II only)		
<input type="checkbox"/> (A) Other (example: purchased a new vehicle, etc.)	<input type="checkbox"/> VIN #			
<input type="checkbox"/> (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	<input type="checkbox"/> (A) 1099-C			
<input type="checkbox"/> (A) Have a loss related to a declared Federal disaster area	<input type="checkbox"/> (A) 1099-A	<input type="checkbox"/> Disaster relief impacts return		
<input type="checkbox"/> (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	<input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year	Year disallowed	Reason	
<input type="checkbox"/> Receive any letter or bill from the IRS	<input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral			
<input type="checkbox"/> (B) Make estimated tax payments or apply last year's refund to 2025 taxes	<input type="checkbox"/> (B) Estimated tax payments			
	<input type="checkbox"/> (B) Last year's refund applied to this year			
	<input type="checkbox"/> Last year's return available			

Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

1. Would you say you can carry on a conversation in English	<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all	<input type="checkbox"/> Prefer not to answer
2. Would you say you can read a newspaper in English	<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all	<input type="checkbox"/> Prefer not to answer
3. Do you or any member of your household have a disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer		
4. Are you or your spouse a Veteran of the U.S. Armed Forces	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer		
5. What is your race and/or ethnicity? Select all that apply	<input type="checkbox"/> American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.) <input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.) <input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.) <input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.) <input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.) <input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.) <input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.) 				
6. What is your spouse's race and/or ethnicity? Select all that apply	<input type="checkbox"/> American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.) <input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.) <input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.) <input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.) <input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.) <input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.) <input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.) 				

Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at Treasury.gov/System of Records Notices (SORNs). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

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, write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS:CAR:MP:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Additional Notes/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 30, 2027.

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. You have the right to receive a signed copy of this form.

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, 2027). 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. Report a Crime or IRS Employee Misconduct - U.S. Treasury Inspector General for Tax Administration (TIGTA) (<https://www.tigta.gov/reportcrime-misconduct>).



COMMUNITY SERVICES UNIVERSAL DATA ELEMENTS

General Demographics for Household – VITA

Household Living Situation: Own Rental (Circle One: No Subsidy; With Subsidy: RRH, PSH, VASH, HCV)
 Shelter Staying with (Circle One: Family; Friends)

Demographics of Household				
Name (First, Middle, Last)	Date of Birth (mm/dd/yy)	If over 18, Veteran?	Sex	Race and Ethnicity (Select All That Apply)
1.		<input type="checkbox"/> Yes	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Am Indian/Alaska Native/Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Am/African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Native Hawaiian/Pacific Isle <input type="checkbox"/> White
2.		<input type="checkbox"/> Yes	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Am Indian/Alaska Native/Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Am/African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Native Hawaiian/Pacific Isle <input type="checkbox"/> White
3.		<input type="checkbox"/> Yes	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Am Indian/Alaska Native/Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Am/African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Native Hawaiian/Pacific Isle <input type="checkbox"/> White
4.		<input type="checkbox"/> Yes	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Am Indian/Alaska Native/Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Am/African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Native Hawaiian/Pacific Isle <input type="checkbox"/> White
5.		<input type="checkbox"/> Yes	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Am Indian/Alaska Native/Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Am/African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Native Hawaiian/Pacific Isle <input type="checkbox"/> White

Client Acknowledgement of Data Entry into Community Services

Community Services (CS) is a Homeless Management Information System (HMIS) used by Carroll County's Continuum of Care (CoC). A HMIS is required for use by all homeless service providers funded by the Department of Housing and Urban Development (HUD). All providers entering data into CS practice high standards of confidentiality and are required to seek explicit permission from the client before releasing any identifiable client information. Client information is used by CS provider agencies to enhance service delivery and data quality among partner agencies. This information helps the agencies provide services to clients and evaluate service delivery for equity and system improvement.

By signing this document, you are acknowledging the following:

- Protected client information is handled securely and responsibly in accordance with client wishes. Information about you and your household will be entered into Community Services (CS). This information includes, but is not limited to your name, SSN, contact information, demographic information, disability, veteran, and medical insurance status, and all other HUD required client information.
- Client consent (verbal or written) must be obtained before any protected personal information can be shared, and you as the client have the right to view or keep a printed copy of your own records contained in CS.
- See the Carroll County HMIS Privacy Notice for more information on how client information is handled in Carroll County's HMIS.
- HMIS data is uploaded to the Maryland State Homeless Services Data Warehouse (MSHDW) on a quarterly basis, and de-identified data is required to be submitted to HUD and other funders throughout the year. See the MSHDW Privacy Notice for more information on how client information is handled in the MSHDW.
- CS provider entities include Carroll County Health Department (CCHD), Carroll County Department of Citizen Services (CCDCS), Human Services Programs of Carroll County, Inc. (HSP), and Maryland State Homeless Services Data Warehouse (MSHDW). These entities can view your information in CS for the purposes stated above. You have the right not to share your information with one or more partnering entities **without affecting your eligibility status**. If you do not wish to share information with a particular entity or entities, please advise who: _____.
- You will receive the same services whether or not you share your personal information.

Head of Household's Signature

Other Party

Date Signed

Relationship to Head of Household

Consent to Use Personal Tax Return Information

Federal law requires 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 2024 (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 Disclose Personal Tax Return Information

Federal law requires 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 2024 (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: _____



Volunteer Income Tax Assistance (VITA)

VITA Survey Questions

following questions are optional, however we appreciate your feedback, as your responses 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
 - E. Four-year degree (Bachelors)
 - F. Some graduate school
 - G. Graduate Degree
2. How did you hear about our services?
 - A. Website/Social Media
 - B. Flyer/Marketing Material
 - C. Family/Friends
 - 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 or friend help me
 - C. I would have paid a tax preparer
 - D. I wouldn't have done my taxes
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)
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 _____

Virtual VITA/TCE Taxpayer Consent

This form is required when either the Intake/Interview and/or the Quality Review are not conducted in-person 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 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 Yolandie Els
Site contact name Yolandie Els	Site contact telephone number 410-857-2999

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.

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 agree to use this site's Virtual VITA/TCE Process

Yes No

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