

A New Leaf Virtual VITA Drop-Off Service Instructions

Please follow ALL the instructions and complete ALL the steps. Failure to follow the instructions may result in delay of your tax return processing. **Usual processing time is 7-10 days.**

A. Please complete the IRS form 13614-C, Intake/Interview & Quality Review Sheet

Page 1 - Answer ALL questions (Q1-11). *MUST provide a good phone number and email address* . Only the dependents (who you are claiming on your tax return) information is needed in PartII - #2 (Household information)

Page 2 - Must Check EACH box individually - Yes/No/Unsure

Page 3 - Answer ALL questions 1-14. Write down your bank name, if it is checking or savings account, Routing number and Account number in the 'Additional Comments' section. You may also use this section (or an additional page)for any other additional information you may want to provide for your tax preparation

Page 4 - Taxpayer and Spouse (if applicable) must sign the IRS Form 15080 - Global Consent Form

B. Taxpayer and Spouse (if applicable) must sign the additional 3 Consent Forms & the Survey Form

1. Consent to **Use** Tax Return Information - NO PERSONAL INFORMATION WILL BE USED
2. Consent to **Disclose** Tax Return Information - NO PERSONAL INFORMATION WILL BE DISCLOSED
3. IRS Form 14446 - Virtual VITA/TCE Taxpayer Consent - Required to use the Drop-Off Service
4. Complete the survey form (provided in English and Spanish - printed two sided)

Consents to Use and Disclose are printed front and back of the sheet and your approval for both is important for the VITA program. Your approval helps us to continue this program every year. We will never Use or Disclose any Personally Identifiable Information or your individual refund amount.

C. Gather ALL the documents required to prepare your return including:

Prior year's tax return

Copy of Social Security Cards or ITIN card(s)/letter for EVERYONE on the tax

Please refer to the informational brochure for a complete list of documents required

D. Put ALL the completely filled out Intake Form, Consent Forms, Survey & required documents in the envelope provided. Write you name on the envelope and bring it back to Drop-Off (by appointment) at the site where you want the return to be prepared. You will be required to return on a later date to the same site to sign the completed return. Our volunteers will schedule an appointment with you for the same via phone/email. Please note that both, the Taxpayer & the Spouse (if applicable) MUST be present to sign the return. We will contact you by phone and your caller ID will read 'Private Number'. Please answer the call. DO NOT call us back on this number, USE email to reach us.

E. At the time of Tax Return signature and Pick-Up appointment:

Please wear your own mask and bring your own pens

We request ONLY the Taxpayer and Spouse to be present for the signing appointment

If possible, please avoid bringing children to the appointments

F. If you do not hear from us within the 7-10 days after drop off or need to contact us for any tax related question, please contact us at the email for your particular site. The site emails are printed on the back side of this page under the Site name. Please DO NOT call us on the Appointment number. Site Email is the best way to reach us for any questions/concerns.



West Valley VITA Drop-Off Service

What to Bring?

Free Drop-Off Income Tax Preparation & E-file Service
Surprise, Glendale, Peoria, Avondale, Buckeye & surrounding areas

Who Qualifies:

- ◆ Income less than \$65,000
- ◆ Elderly / Seniors
- ◆ Disabled individuals
- ◆ College Students
- ◆ Active Duty & Veterans*
- ◆ First Responders*
- ◆ Teachers*

* No income limit restriction

For On-Site Drop-off Service (Max. 15 Minutes allowed with a volunteer)

- * Must wear a face mask
- * Bring your own pens please
- * Only the Taxpayer & Spouse should be present
- * Avoid bringing children (except if with a single parent or under unavoidable circumstances)

- ◆ **MUST BRING** - Photo identification for the taxpayer and the spouse
- ◆ **MUST BRING** - Social Security Cards or ITIN card/letter for ALL members of the household
- ◆ **MUST BRING** - Last year Tax Return
- ◆ Proof of ALL Income—W2, 1099R (pension/annuity), 1099 NEC/Misc. (for contractual jobs, self-employed; expenses totaled up by categories), 1099 SSA (Social security benefits statement), 1099 INT, 1099 DIV, 1099 K (ride-share service), cash tips, or any other kind of income
- ◆ If itemizing—costs of all medical expenses (added up), Mortgage interest statement, Vehicle registration and charitable contributions (Less than \$500 for non-cash donations)
- ◆ Form 1098T (Tuition statement plus other education expenses e.g. books, supplies, computer etc.) for claiming education credits
- ◆ Form 1095A, if health insurance was bought from Marketplace
- ◆ Child care expenses and provider's information including EIN/SSN, name and address
- ◆ Bank Routing number and Account number for direct deposit /debit
- ◆ If filing a joint return, **Taxpayer & Spouse MUST** be present during the final review and for signing the return or a Power of Attorney to sign the tax return (on behalf of the missing spouse) should be provided

Tax Preparation service will be provided by IRS certified volunteers on FCFS basis

Please refer to our web page for downloading 'Intake Packet' & check the West Valley VITA Site List for addresses, site open days & time before calling for appointment.

<https://www.turnanewleaf.org/services/financial-empowerment/vita-program.html>

For information on locations in other areas (Phoenix, Mesa, Chandler, Tempe etc.) please visit: <https://irs.treasury.gov/freetaxprep/>



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? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Daytime telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address	Apt #	City	State	ZIP code
4. Your Date of Birth	5. Your job title	6. Last year, were you:		
		a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No		
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		
		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?				

Part II – Marital Status and Household Information

1. As of December 31, 2020, what was your marital status? Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. If Yes, Did you get married in 2020? Yes No

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

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 12/31/20 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes,no,n/a)	Did this person have less than \$4,300 of income? (yes,no,n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					

Check appropriate box for each question in each section

		Part III – Income – Last Year, Did You (or Your Spouse) Receive	
Yes	No	Unsure	If yes, how many jobs did you have last year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) _____
<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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)

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

Additional Information and Questions Related to the Preparation of Your Return

1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)

2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund You Spouse

3. If you are due a refund, would you like: a. Direct deposit Yes No No Yes No Yes No

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

5. Did you live in an area that was declared a Federal disaster area? Yes No Yes No

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? Yes No Prefer not to answer

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? White Prefer not to answer

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

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.

Consent to Use Tax Return Information - Information used by A New Leaf Federal Disclosure

Federal law required this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we, A New Leaf, cannot use, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the use 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.

Consent Terms

Purpose - In order to provide marketing and outreach to the community in support of this free VITA tax preparation service we request your consent to report the results of our program.

Information to be used - The number of clients served, the number of tax returns we prepare, and the TOTAL amount of refunds and tax credits that are returned to our clients.

This consent is valid for one year from the date of your signature

Personal information will not be used - Information such as name, address, phone number, date of birth, or Social Security Numbers will not be used for any purpose.

Consent Approval

Consent Deny

I, _____
(Print) Taxpayer Name

Signature: _____ Date: _____

I, _____
(Print) Spouse Name

Signature: _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email to: complaints@tigta.treas.gov.

Consent to Disclose Tax Return Information - Information disclosed by A New Leaf Federal Disclosure

Federal law required this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we, A New Leaf, cannot disclose, without your consent, your tax return information to third parties for purposes 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 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.

Consent Terms

Purpose - In order to provide marketing and outreach to the community in support of this free VITA tax preparation service we request your consent to report the results of our program.

Information to be disclosed - The number of clients served, the number of tax returns we prepare, and the TOTAL amount of refunds and tax credits that are returned to our clients.

This consent is valid for one year from the date of your signature

Personal information will not be disclosed - Information such as name, address, phone number, date of birth, or social security numbers will not be disclosed for any purpose.

Consent Approval

Consent Deny

I, _____
(Print) Taxpayer Name

Signature: _____ Date: _____

I, _____
(Print) Spouse Name

Signature: _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email to: complaints@tigta.treas.gov.

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>	



Why are we asking the following questions?

A New Leaf's, Free Tax Preparation VITA Sites operate by receiving grant money and other Federal financial assistance. The **optional** data provided on this survey form helps us to apply for these grants by allowing us to track and measure the success of this resource. It also enables us to provide this service again next year to reach more hard working families. We see it as an important step toward improving our communities.

Your answers will be used for Statistical purpose only. Thank you for your responses!

- 1) Other than English, what language is spoken in your home?
 - a) None, Only English
 - b) Spanish
 - c) Tagalog
 - d) Vietnamese
 - e) Other
 - f) Prefer not to answer
- 2) How many people, **including you**, are part of your household (# of people you supported financially last year)?
 - a) 1 - 2
 - b) 3 - 4
 - c) 5 -6
 - d) 7 or more
 - e) Prefer not to answer
- 3) How did you have your taxes prepared last year?
 - a) At a VITA site
 - b) Paid Preparer
 - c) Did my own
 - d) Did not file
 - e) Other / Prefer not to answer
- 4) How did you hear about VITA?
 - a) I came here last year
 - b) Radio / Television
 - c) Family/Friend
 - d) Employer / School
 - e) Flyer / Newsletter
 - f) Newspaper or Magazine
 - g) Utility Bill/Notice
 - h) IRS
 - i) Social Media
 - j) A New Leaf website/Social Media
 - k) Prefer not to answer
- 5) How do you plan to use your refund if you get one? (*Please circle all that apply*)
 - a) Pay bills/utilities
 - b) Food or clothing
 - c) Rent, mortgage, home repair
 - d) Buy a house
 - e) Tuition or education expenses
 - f) Child care
 - g) Medical bills
 - h) Transportation
 - i) Savings
 - j) Other / Prefer not to answer
- 6) What was your annual Household income last year?
 - a) \$30,000 or less
 - b) \$30,001 - \$45,000
 - c) \$45,001 - \$60,000
 - d) \$60,001 - \$80,000
 - e) \$80,001 - \$150,000
 - f) \$150,001 or more
 - g) Prefer not to answer

Thank you for completing this survey. There are no names collected or associated with this data. All of the information that you provided will be kept confidential at all times. This information will be used solely to evaluate, plan, and support financial stability programs offered in the community and will not be sold or used for commercial purposes.

At ALL VITA Sites: MUST provide your own and wear a face mask. MUST bring your own pens. Children/additional people (not required for tax preparation service) are NOT ALLOWED at the sites.

Site	Site Address	Days & Hours for Drop-Off *	Dates *
A New Leaf - VITA Office	8802 N. 61st Avenue Glendale, AZ 85302 # (602) 842-2666	Tuesday: 10 am - 11:30 am	Tuesday Jan. 26 - Apr. 13, 2021 Appointment ONLY Site
Arizona Complete Health Avondale Resource Center	995 E. Riley Drive, Avondale, AZ 85323	Tuesday: 2 pm - 4 pm & Saturday: 8:30 am - 10:30 am	Tuesday: Jan. 26 - Apr. 13, 2021 & Saturday: Jan. 30 - Apr. 10, 2021
Buckeye Valley Chamber of Commerce	508 E Monroe Ave, Buckeye, AZ 85326	Wednesday: 2 pm - 5 pm	Wednesday Jan. 27 - Apr. 14, 2021
Citadel of Praise Church	8738 W. Cholla Street Suites 1 - 3 Peoria, AZ 85345	Saturday: 9 am - 11 am	Saturday Jan. 30 - Apr. 10, 2021
Littleton Elementary School District Office	Family Welcome Center 1642 S. 107th Avenue, Avondale, AZ 85323	Thursday: 4 pm - 6 pm	Thursday Jan. 28 - Apr. 15, 2021
Riverboat Bingo	18300 W. Bell Road Surprise, AZ 85374	Wednesday: 11 am - 1:30 pm	Wednesday Jan. 27 - Apr. 14, 2021
Surprise Resource Center	12425 W. Bell Road Bldg. A, Suite # 124 Surprise, AZ 85378	Monday: 4 pm - 6 pm Tuesday: 4 pm - 6 pm & Thursday: 9 am - 11 am	Monday: Jan. 25 - Apr. 12, 2021 Tuesday: Jan. 26 - Apr. 13, 2021 Thursday: Jan. 28 - Apr. 15, 2021 Closed on Monday, Feb. 15th

* Subject to Day/Time change and additional/early closures due to unforeseen circumstances and without any prior notice.

Expected turn-around time for VITA Drop Off Tax Preparation Service is 7-10 days

Tax Preparation service will be provided by IRS certified volunteers on First Come First Serve basis.

Please be respectful and courteous to VITA VOLUNTEERS

We reserve the right to REFUSE SERVICE and to stop taking clients BEFORE the site close time.

Steps to follow for using the VITA Drop-Off Service:

1	Sign-In at the site and completely fill out the Intake Sheet (3 pages) in your car /assigned waiting spots (if available). You will be called on your cell when it's your turn to Drop-Off your tax documents. Maximum 15 minutes are allowed for this 'Drop-Off' meeting with a VITA Volunteer.
2	Sign the (4) Consent forms and ensure ALL the required tax documents are open and out of the envelopes BEFORE coming to see a Volunteer. Social Security Card or ITIN Card/Letter (for ALL persons), Picture ID (for Taxpayer and Spouse) AND Prior year's tax return are REQUIRED to receive the free tax preparation service.
3	Tax Preparation will be done remotely and the customer will be contacted via phone or email to collect any incomplete or additional information required during the preparation/review process.
4	Taxpayer will be given an appointment for the completed 'Tax Return Pick-Up'. Taxpayer and the spouse, BOTH MUST be present for this meeting. Maximum 10 minutes are allowed for the "Pick-Up" appointment.

To find Information on VITA Site Locations in other areas (Phoenix, Mesa, Tempe etc), please visit
<https://irs.treasury.gov/freetaxprep/>

Interested in learning basic Tax Law & Becoming a VITA Volunteer? Visit & Sign-up at:
<https://www.turnanewleaf.org/services/financial-empowerment/vita-program.html>