A New Leaf VITA Walk-In / Drop-Off Service Instructions

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

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

Page 1 - Answer ALL questions. *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. DO NOT draw a line (for All No's)

Page 3 - Answer ALL questions. If chosing Direct Deposit or Direct Debit, write down your Bank name, Checking or Savings account, Routing number and Account number in the '***Additional Comments*** ' section. You may also use this section for any other additional tax related information you may want to provide.

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

B. Taxpayer and Spouse (if applicabe) must sign the additional 3 Consent Forms

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) Consent to **Realtional** office - NO PERSONAL INFORMATION WILL BE DISCLOSED
4) IRS Form 14446 - **Virtual VITA Taxpayer Consent** - Required to use the *Drop-Off Service*

Approval for the *Consents to Use and Disclose* is VERY important for the VITA program.
Your approval helps us to get grants and to continue this program every year.
We can not e-file the return if you do not approve and sign the *Relational consent* .
We will never Use or Disclose any Personally Identifiable Information or your individual refund/credits.

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

Prior year's tax return
Social Security Cards or ITIN card(s)/letter for ***EVERYONE*** on the tax
Picture ID for the Taxpayer and Spouse (if applicable)

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

D. Put ALL the completely filled out Intake Form, signed Consent Forms, & required tax documents in the envelope provided. Write you name on the envelope and bring it back to the site where you want the return to be prepared at. If using the Drop-Off method, you will be required to return to the same location at a later date to sign the completed return. 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 may read 'Private / Unknown Number'. Please answer the call. DO NOT call us back on the number, use the email address provided 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.

A New Leaf West Valley VITA Program
2023 Tax Season VITA Sites

AT ALL VITA SITES:

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!

Open for Walk-In, First Come First Serve (limited number) and MUST bring your own pens

Children/additional people (not required for tax preparation service) are NOT ALLOWED at the sites

S.No	Site	Site Address	Days & Hours *	Dates *
1	Arizona Complete Health Avondale Resource Center **Closed on Saturday, Feb 4, 2023**	995 E. Riley Drive Avondale, AZ 85323	**Tuesdays: 2:00 pm - 5:00 pm** **Saturdays: 8:30 am - 11:30 am**	**Tuesdays: Jan. 31 - Apr. 11, 2023** **Saturdays: Feb. 11 - Apr. 15, 2023**
2	ASU West Campus **Closed on Saturday, March 11, 2023**	4701 W Thunderbird Rd, Glendale, AZ 85306 **Room: TBD**	**Saturdays:** **10:00 am - 2:00 pm**	**Saturdays:** **Feb. 4 - Apr. 15, 2023**
3	Buckeye Family Resource Center	210 S 6th St **Building 700** Buckeye, AZ 85326	**Wednesdays:** **2:00 pm - 6:00 pm**	**Wednesdays:** **Feb. 1 - Apr. 12, 2023**
4	Citadel of Praise Church	8738 W. Cholla Street Peoria, AZ 85345	**Saturdays:** **9:00 am - 1:00 pm**	**Saturdays:** **Feb. 4 - Apr. 15, 2023**
5	Estrella Mountain Comm. College **Closed on Friday, March 17, 2023**	3000 N. Dysart Rd, Avondale, AZ 85392 **Ocotillo Hall, Room # 113**	**Fridays:** **9:00 am - 12:00 pm**	**Fridays:** **Feb.3 - Apr.14, 2023**
6	GESD System of Care Center **Closed on Wed, March 8, 2023**	7677 W. Bethany Home Rd Glendale, AZ 85303	**Wednesday:** **4:00 pm - 7:00 pm**	**Wednesdays:** **Feb. 1 - Apr. 12, 2023**
7	Glendale High School	6216 W Glendale Ave, Glendale, AZ 85301 **Media Center**	**Saturdays:** **10:00 am - 2:00 pm**	**Saturdays:** **Feb. 4 - Apr. 15, 2023**
8	Littleton Elementary School District Office	1642 S. 107th Avenue, Avondale, AZ 85323 **Family Welcome Center**	**Thursdays:** **4:00 pm - 7:30 pm**	**Thursdays:** **Feb. 2 - Apr. 13, 2023**
9	Luke Air Force Base ***MUST HAVE BASE ACCESS*** **Closed on Monday, Feb. 20, 2023**	7424 N Homer Dr, Luke AFB, 85309 **Base Library**	**Mondays:** **9:00 am - 12:00 pm**	**Mondays:** **Jan. 30 - Apr. 10, 2023**
10	Riverboat Bingo	18300 W. Bell Road Surprise, AZ 85374	**Wednesdays:** **11:00 am - 3:00 pm**	**Wednesdays:** **Feb. 1 - Apr. 12, 2023**
11	Surprise Resource Center **Closed on Monday, Feb. 20, 2023**	12425 W. Bell Road Surprise, AZ 85378 **Bldg. A, Suite # 124**	**Mondays: 4:00 pm - 8:00 pm** **Tuesdays: 4:00 pm - 8:00 pm** **Thursdays: 9:00 am - 1:00 pm**	**Mondays: Jan. 30 - Apr. 17, 2023** **Tuesdays: Jan. 31 - Apr. 18, 2023** **Thursdays: Feb. 2 - Apr. 13, 2023**

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

FREE Tax Preparation Options:

VITA Volunteer Income Tax Assistance

Traditional Return Prepration Method:

Bring all the required documents to the VITA site location

Fill out the required paperwork and sign the consent forms

Stay at the site and have the taxes prepared the same day, while you wait

Drop-Off Service

Bring all the required documents to the VITA site location

Fill out the required paperwork and sign the consent forms

Drop-Off the documents after a brief interview with a volunteer

Return the following week to sign and pick-up your completed taxes

Do It Yourself

Go to a specific URL available ONLY at / from VITA sites. Email to: VITAANL20@GMAIL.COM

Set up a free Online account and E-File your Federal & State returns yourself for FREE

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: **turnanewleaf.org/vita-program**

12/16/2022

VITA

Volunteer Income Tax Assistance

What to Bring to Your Local VITA Site!

- **Social Security Cards** or **ITIN** and **Birth dates** for **EVERYONE** on the tax return
- **Proof of photo identification** for both Taxpayer and Spouse (if applicable)
- **Copy of prior year tax return**
- Proof of **Bank Account** and **Routing number** for Direct Deposit/Debit
- Proof of foreign status, if applying for an ITIN
- Wage and earning statements (Form W-2, W-2G, 1099-R, SSA-1099, 1099-Misc, 1099-NEC) from all employers or other income sources
- Interest and dividend statements (Forms 1099-INT, 1099-DIV)
- Information for all other income (Pensions Form 1099-R, Social Security Statement Form 1099-SSA, Sale of stocks & bonds Form 1099-B)
- Documents for medical deductions, property taxes paid, mortgage interest, auto registration, charity contributions – **all added up** individually.
- Form 1098-T from educational institution to claim education credits
- Amount paid to day care provider, their tax ID number, name, and address
- **Form 1095-A, Health Insurance Marketplace Statement**
- ***Unmasked copies*** of income transcripts from IRS and state, if applicable
- For married filing joint returns, both Taxpayer and Spouse **must be present to sign the tax returns** before it is electronically filed.

a new leaf

mesacan

COMMUNITY ACTION NETWORK

VITA
Volunteer Income Tax Assistance

What West Valley VITA sites can/cannot prepare?

A New Leaf VITA volunteers are trained to assist low- to moderate-income taxpayers in filing certain tax forms and schedules, including the Form 1040. However, the Volunteer Protection Act requires that our volunteers stay in the scope of the program. If volunteers feel they do not have adequate knowledge or your return is too complex, you may need to seek another qualified volunteer or will need to seek professional help.

We can prepare

Form 1040 with Schedules A, B, D and E

Schedule C if no employees, no inventory, no losses or depreciation or expenses for business use of home, etc.

1099- NEC or MISC; box 7 (nonemployee compensation) reported on Schedule C

Schedule EIC and **EIC Worksheets**

1099-MISC (**box 1 or 2**– rents (military ONLY), royalties, reported on Schedule E with no expenses, depreciation)

1099-MISC box 3 (other income)

Form 1040-ES (Estimated Payments)

Form 2441 (Child & Dependent Care)

Form 5405 (Repayment of First Time Home Buyers Credit)

Non-cash contributions <u>Less than $500</u>.

Form 8379 (Injured Spouse)

Form 8812 (Additional Child Tax Credit)

Form 8880 (Qualified Savings Credit)

Form 8863 (Education Credits)

Form 9465 (Installment Agreement)

Form 1040X (Amended Returns, ONLY if prepared at the site prior year)

Schedule K-1 (ONLY for interest, dividends and capital gain distributions and royalties

Cancellation of Mortgage Debt–1099-A and/or**1099-C** and **Form 982 or 1099-C for Personal Credit Card Debt**.

Health Savings Accounts–1099-SA

We cannot prepare

Married Filing Separate

Schedule C:

- Hobby income or not-for-profit activity
- Inventory
- Expenses exceed $35,000
- Cost of Goods sold
- Expenses for employees
- Business use of home
- Depreciation or asset write-offs
- Casualty losses
- Accrual Methods of accounting
- Net losses

1099-R, Box 7: Code 7 with IRA/SEP/SIMPLE box is checked, 5, 6, 8, 9, A, E, J, K, N, P, R, T, U, & W

1099-C:	If filed for bankruptcy
Schedule D:	Complicated and advanced Capital Gains and Losses
Schedule E:	Sale of Rental Property
Schedule F:	Farm Income
Form 8606:	Non-Deductible IRA
Form 8615:	Minor's Investment Income
Form SS-5:	request for Social Security
Form SS-8:	Worker Status Determination
Schedule K-1:	Involving depreciation or deductible expenses

Non-Cash Charitable donation over $500 (if itemizing)

a new leaf
mesacan

Form **13614-C** (October 2022)

Department of the Treasury - Internal Revenue Service

Intake/Interview & Quality Review Sheet

OMB Number 1545-1964

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? ☐ Yes ☐ No
2. Your spouse's first name	M.I.	Last name	Best contact number	Is your spouse a U.S. citizen? ☐ Yes ☐ 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 ☐ Yes ☐ No b. Totally and permanently disabled ☐ Yes ☐ No c. Legally blind ☐ Yes ☐ No
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse: a. Full-time student ☐ Yes ☐ No b. Totally and permanently disabled ☐ Yes ☐ No c. Legally blind ☐ Yes ☐ No

10. Can anyone claim you or your spouse as a dependent? ☐ Yes ☐ No ☐ Unsure

11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? ☐ Yes ☐ 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
- b. Did you live with your spouse during any part of the last six months of 2022? ☐ Yes ☐ No

☐ Divorced Date of final decree ____________

☐ Legally Separated Date of separate maintenance decree ____________

☐ Widowed Year of spouse's death ____________

2. List the names below of:
- **everyone** who lived with you last year (other than your spouse)
- **anyone** you supported but did not live with you last year

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 (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (for example: son, daughter, parent, none, etc) (c)	Number of months lived in your home last year (d)	US Citizen (yes/no) (e)	Resident of US, Canada, or Mexico last year (yes/no) (f)	Single or Married as of 12/31/22 (S/M) (g)	Full-time Student last year (yes/no) (h)	Totally and Permanently Disabled (yes/no) (i)	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)

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
☐	☐	☐	1. (B) Wages or Salary? (Form W-2) **If yes, how many jobs did you have last year?** ______
☐	☐	☐	2. (A) Tip Income?
☐	☐	☐	3. (B) Scholarships? (Forms W-2, 1098-T)
☐	☐	☐	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☐	☐	5. (B) Refund of state/local income taxes? (Form 1099-G)
☐	☐	☐	6. (B) Alimony income or separate maintenance payments?
☐	☐	☐	7. (A) Self-Employment income? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
☐	☐	☐	8. (A) Cash/check/digital assets, or other property or services for any work performed not reported on Forms W-2 or 1099?
☐	☐	☐	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)
☐	☐	☐	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
☐	☐	☐	11. (A) Retirement income or payments from pensions, annuities, and or IRA? (Form 1099-R)
☐	☐	☐	12. (B) Unemployment Compensation? (Form 1099-G)
☐	☐	☐	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
☐	☐	☐	14. (M) Income (or loss) from rental property?
☐	☐	☐	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
☐	☐	☐	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☐	☐	☐	2. Contributions or repayments to a retirement account? ☐ IRA (A) ☐ Roth IRA (B) ☐ 401K (B) ☐ Other
☐	☐	☐	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
☐	☐	☐	4. Any of the following? ☐ (A) Medical & Dental (including insurance premiums) ☐ (A) Mortgage Interest (Form 1098) ☐ (A) Taxes (State, Real Estate, Personal Property, Sales) ☐ (B) Charitable Contributions
☐	☐	☐	5. (B) Child or dependent care expenses such as daycare?
☐	☐	☐	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
☐	☐	☐	7. (A) Expenses related to self-employment income or any other income you received?
☐	☐	☐	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
☐	☐	☐	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
☐	☐	☐	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)
☐	☐	☐	3. (A) Adopt a child?
☐	☐	☐	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? ______
☐	☐	☐	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
☐	☐	☐	6. (A) Receive the First Time Homebuyers Credit in 2008?
☐	☐	☐	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? ______
☐	☐	☐	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
☐	☐	☐	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

Form **15080** (October 2022)	Department of the Treasury - Internal Revenue Service **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.

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

Federal Disclosure

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You do not have 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. Your consent is valid for 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

I authorize A New Leaf VITA Program

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

Individual Personal information will never be used - Information such as name, address, phone number, date of birth, or Social Security Numbers will not be used for any purpose.

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 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 do not have 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 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

I authorize A New Leaf VITA Program

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

Individual personal information will never be disclosed - Information such as name, address, phone number, date of birth, or social security numbers will not be disclosed for any purpose.

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

BOTH consents MUST be signed by taxpayer & spouse (if applicable)

Consent to disclose Information to the VITA program Relational Office

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 do not have 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. Your consent is valid for time that you specify. If you do not specify the duration of your consent, your consent is valid for three years from the date of signature.

Consent Terms

I authorize A New Leaf VITA Program. If you deny this consent, your return can not be e-filed.

3 Years - Purpose – To provide support and administrative assistance to the tax preparer, the Software Developer will make available the taxpayer's personal information to the VITA/TCE program Relational Office.

3 Years - Disclosure – Tax Preparer will disclose the personal information to the software developer through the tax preparation software. The software developer will disclose that information to the VITA program Relational office.

Individual personal information will never be disclosed - Information such as name, address, phone number, date of birth, or social security numbers will not be disclosed for any purpose.

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

Taxpayer & spouse (if applicable) MUST sign this consent

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

Print Taxpayer Name		**Print Spouse Name (if married filing jointly)**	
Date of Birth	**Last four digits of SSN/ITIN**	**Date of Birth**	**Last four digits of SSN/ITIN**
Date	**Telephone Number**	**Date**	**Telephone Number**
Email Address		**Email Address**	
Taxpayer Signature		**Spouse Signature**	

ONLY if using Drop-Off method, BOTH taxpayer & spouse (if applicable) MUST sign this consent.

Date: ________________

SHARE YOUR STORY

Help spread the word on how Volunteer Income Tax Assistance (VITA) can help others. We invite you to please, share your experience.

- VITA Site Name / Location

  ____

- Print Full Name

  ____

- For requesting Grants/Funds to support VITA program, I authorize A New Leaf, Inc. to share, use and/or disclose my name and story on the news/social media/newsletter?

- For requesting Grants/Funds to support VITA program, I authorize A New Leaf, Inc. to take, use and/or disclose my photo/video on the news/social media and/or newsletter?

____

Taxpayer Signature

Summarize your story in the space below. Tell us about your experience with this VITA Site, how VITA and EITC changed your life or how will you use the refund (if any)?

____

____

____

____

____

____

____

____

____

____