

**Greetings!**

Tri-CAP is excited to announce the continuation of our free tax preparation services for the 2025 tax season. These services are available to qualifying individuals and families with a household income of \$67,000 or less, residing in Stearns, Benton, and Sherburne Counties. We especially focus on seniors, people with disabilities, and limited English-speaking taxpayers. This program aims to assist low-to-moderate-income residents in accessing professional tax assistance at no cost.

**Free tax preparation will be provided on a walk-in basis only, no appointment necessary! Site Exceptions for clients that require ASL, interpreter or disability accommodations, please call 320-251-1612 Ext 5, or email: [general@tricap.org](mailto:general@tricap.org) to make an appointment.**

Priority will be given to Federal and State tax filings. Property tax rebate may be completed in conjunction during your visit.

**However, please note that property tax rebate filings ONLY will begin end of March 2025.**

**Fusion Option:** For individuals wishing to file independently, we're offering a DIY self-filing options, with volunteer assistance available to answer any questions and guide you through the process.

To ensure a smooth filing experience, please arrive with all the relevant tax documents and government-issued photo ID, Social Security Card.

**Renter's Credit Information**

Claim the Renter's Credit on Your Income Tax Return!

Starting with your 2024 taxes, if you are a renter, you can claim the Renter's Credit as part of your Minnesota Individual Income Tax return (Form M1). You will no longer file a Renter's Property Tax Refund return (Form M1PR). This means renters who previously filed both returns will not receive a separate refund later in the year. The Renter's Credit is a refundable credit on an income tax return. It will be part of the amount owed or refund.

**Minnesota state income tax return filed without the CRP. An amended return using the M1X form will be required, which may delay refund.**

If you cannot get a CRP from your property owner or managing agent, you can request a Rent Paid Affidavit (RPA) by:

**Phone:** 651-296-3781 or 1-800-652-9094

**Email:** [individual.incometax@state.mn.us](mailto:individual.incometax@state.mn.us)

If you request an RPA by email, only include the last four digits of any Social Security Numbers.

**February 1<sup>st</sup> through April 12<sup>th</sup> 2025**

**Hours of operation and locations**

<b>Salvation Army</b> 400 US Hwy 10 St. Cloud, MN 56301	<b>Sherburne County Government Center</b> 13880 Business Center Dr. NW Elk River, MN 55330	<b>St. Cloud Technical &amp; Community College</b> 1540 Northway Dr. St Cloud, MN 56303
<b>Saturday 9:00AM – 4:00PM</b> & <b>Monday 2:00PM – 8:00PM</b>	<b>Wednesday</b> <b>10:00AM – 6:00PM</b>	<b>Thursday</b> <b>4:00PM – 8:00PM</b>

**Please be advised taxpayers will be required to remain on-site while our volunteers complete their tax refunds during the initial visit to ensure accurate tax filing.**



320-251-1612



[General@Tricap.org](mailto:General@Tricap.org)



@TricapMN



1210 23rd Ave S, Waite Park, MN 56387



# Intake/Interview and 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

- Complete pages 1-6 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, 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 [ts.voltax@irs.gov](mailto:ts.voltax@irs.gov)**

Your first name	M.I.	Last name	Your date of birth	Your job title
Spouse's first name	M.I.	Last name	Spouse's date of birth	Spouse's job title

Mailing address	Apt #	City	State	ZIP code
-----------------	-------	------	-------	----------

Your telephone number	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------	---------------------------	--------------------------	--

<b>Check if you or your spouse were in 2024:</b>				Legally blind	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
A U.S. citizen	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Totally and permanently disabled	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
In the U.S. on a visa	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Issued an identity protection PIN (IPPIN)	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
A full-time student	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Owners or holders of any digital assets	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No

<b>If due a refund, how would you like your refund</b>				<b>If you have a balance due, how would you like to make your payment</b>			
<input type="checkbox"/> Direct deposit	<input type="checkbox"/> Check by mail			<input type="checkbox"/> Bank account	<input type="checkbox"/> IRS.gov Direct Pay		
<input type="checkbox"/> Split refund between accounts	<input type="checkbox"/> Other _____			<input type="checkbox"/> Set up installment agreement	<input type="checkbox"/> Mail payment to IRS		

Would you like to receive written communications from the IRS in a language other than English  You  Spouse  No

What language \_\_\_\_\_

SKIP

Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund  You  Spouse  No

As of December 31, 2024, what was your marital status

<input type="checkbox"/> <b>Never Married</b>	<input type="checkbox"/> <b>Married</b>	If married, were you married for all of 2024	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Did you live with your spouse during any part of the last six months of 2024	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> <b>Divorced</b>	<input type="checkbox"/> <b>Legally Separated but not Divorced</b>		<input type="checkbox"/> <b>Widowed</b>	
Date of final decree _____	Date of separate maintenance decree _____		Year of spouse's death _____	

**To be completed by certified volunteer:** Can anyone else claim the taxpayer or spouse on their tax return  Yes  No

List the names below of everyone who lived with you last year (except your spouse) <b>AND</b> anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)					<b>To be completed by certified volunteer (Yes, No, or N/A)</b>				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,050 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person

**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 2024:	(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 How many jobs _____	<input type="checkbox"/> (B) W-2s # _____	
<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 Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) 1099-B (include brokerage statement) # _____ <input type="checkbox"/> Capital loss carryover <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Alimony	<input type="checkbox"/> (B) Alimony \$ _____ 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 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"/> (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) <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 Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) Schedule C <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 2024?**

- (A) Mortgage Interest
- (A) Taxes: state, local, real estate, sales, etc.
- (A) Medical, dental, prescription expenses
- (A) Charitable contributions

**(To be completed by certified volunteer) Standard or Itemized Deductions**

- (A) 1098 # \_\_\_\_\_
- (B) Standard deduction       (A) Itemized deduction

**Notes/Comments****Paid any of these expenses in 2024?**

- (B) Student loan interest
- (B) Child and dependent care
- (B/A) Contributions to a retirement account
- (B) School supplies by a teacher, teacher's aide or other educator
- (B) Alimony payments (do not include child support)

**(To be completed by certified volunteer) Expenses to report**

- (B) 1098-E
- (B) Child and dependent care credit
- (B/A) IRA (Basic if a Roth IRA or 401K)
- (B) Educator expenses deduction \$ \_\_\_\_\_
- (B) Alimony payments with spouse's SSN \$ \_\_\_\_\_
- Adjustment to income       Yes       No

**Notes/Comments****Did any of the following happen during 2024?**

- (B) You or someone in your family took educational classes (technical school, college, job related, etc.)
- (A) Sell a home
- (A) Have a health savings account (HSA)
- (A) Purchase health insurance through the Marketplace (Exchange)
- (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)
- (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender
- (A) Have a loss related to a declared Federal disaster area
- (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)
- Receive any letter or bill from the IRS
- (B) Make estimated tax payments or apply last year's refund to 2024 taxes

**(To be completed by certified volunteer) Information to report**

- (B) Taxable scholarship income
- (B) 1098-T (itemized statement from school, invoice, etc.)
- (B) Education credit or tuition and fees deduction
- (A) Sale of home (1099-S)
- HSA contributions       HSA distributions
- (A) 1095-A
- (B) Energy efficient home improvement credit
- (A) 1099-C
- (A) 1099-A
- Disaster relief impacts return
- (B) EITC, CTC, AOTC or HOH disallowed in a previous year
- Year disallowed      Reason
- Eligible for Low Income Taxpayer Clinic referral
- Estimated tax payments \_\_\_\_\_
- Last year's refund applied to this year \_\_\_\_\_
- Last year's return available

**Notes/Comments**



# 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, 2026.

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, 2026). 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>).

320-251-1612  
 Toll Free 888-765-5597  
 Fax 320-255-9518



1210 -23<sup>rd</sup> Ave S  
 PO Box 683  
 Waite Park, MN 56387

**Intake Form**

Office use only CAP 60 Number: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please complete for all family members. \*Use the Key below to complete the form.**

First, Middle, and Last Name	Relation-ship	Birth Date	Social Security Number	Gender Identitiy M/F/O	Ed Level *	Disabled Y / N	Race *	Ethnicity Hispanic Y / N	Health Ins. Type *	Military Status *	Work Status *	Dis-connected Youth Y / N *
	SELF											

**\*Key**

**Education:** A – 0-8<sup>th</sup> grade B – 9-12<sup>th</sup>/Non -Graduate C – High School Diploma D –GED E – 12 + Some College F – 2/4 year College Grad G – Graduate other Post –Secondary School

**Race:** A – Asian B – Black M – Bi-racial/Multi-racial N – Native Hawaiian/Pacific Islander US – American Indian/Alaskan Native W – White O - Other:

**Health Insurance Type:** MA – Medicaid MC – Medicare SA – State Adult SC – State Children EMP – Employment Based VA - Military DP – Direct Purchase N -None O – Other:

**Military Status:** A – Active V – Veteran N – No Affiliation

**Work Status:** FT –Full Time PT –Part Time MW -Migrant Worker Ret-Retired LT -Unemployed More than 6 months U – Not in labor force ST –Unemployed less than 6 months

**Disconnected Youth:** Not working, Not in School (for 14-24 age group)

<b>County of Residence:</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Email:</b>		<b>Phone:</b>		<b>Alternative Phone:</b>
<input type="checkbox"/> Check to receive communication via email		<input type="checkbox"/> Check to receive communication via text message		
<b>Housing:</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Temporary Quarters <input type="checkbox"/> Other: <input type="checkbox"/> Other Permanent Housing		<b>Family Type:</b> <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> 2 Parent <input type="checkbox"/> Multi Gen. <input type="checkbox"/> Single Person <input type="checkbox"/> 2 Adults No Children <input type="checkbox"/> Non-Related Adults w/Children <input type="checkbox"/> Other:		<b>Primary Language:</b>
Are you registered to vote at your current address? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know				

Please complete for all family members. \*\*Use the Key below to complete the form.

Family Member Name	Income Type **	Monthly Income Amount

List all income for all household members. Types of income include:

**\*\*Key**

- **Wages**
- **Ret-Retirement Income**
- **RSDI-Retirement, Survivors, Disability Insurance**
- **Rent-Rental Income**
- **SS, SSI, SSDI-Social Security**
- **Pen-Pension/Annuity**
- **DIS-Long/Short Disability**
- **DFD-Contract for Deed Interest**
- **GA-General Assistance**
- **CS-Child Support**
- **MSA-MN Supplement Aid**
- **INT-Interest/Dividend Interest**
- **VA-Veterans Benefits**
- **AL-Alimony or Spousal Support**
- **DWP-Diversinary Work Payments**
- **Tribal-Tribal Bonus, Judgements or Per Capita Payments**
- **MFIP**
- **UC-Unemployment Compensation**
- **WC-Workers Compensation**
- **Other; please specify**

**Non-cash Benefits: Please circle if your household receives any of the following:**

<input type="checkbox"/> SNAP	<input type="checkbox"/> WIC	<input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> Childcare Voucher	<input type="checkbox"/> Housing Choice Voucher (Section 8)
<input type="checkbox"/> HUD-VASH	<input type="checkbox"/> Energy Assistance	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Public Housing	

If you need assistance in completing this application to accommodate a disability, you may request an accommodation at any time by contacting Tri-CAP via telephone, fax or e-mail.

I have been informed of the Tri-CAP Appeal Process and my Data Privacy Rights through the Tri-CAP Tennessee Warning and have the right to request a copy of each.

In addition, I certify that the information provided on this application is true to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



# What do I need to have my taxes done?

## Required Identification

- A government-issued photo ID
- Original Social Security Card(s) or Individual Tax Identification Number(s) for all individuals listed on the tax return
- Birthdates for all individuals listed on the tax return

## Direct Deposit

- Direct deposit information: voided check or checking/saving routing and account number

## Income

- Income statements or W2s for each job
- All 1099 forms received (if any)
- Year-end income for MFIP, SSI, MSA, GA, veterans' benefits, worker's compensation (if any)

## Credits

- Education expenses for children in grades K-12 (pens, notebooks, tutoring, music classes, costs of instruments)
- Tuition expenses for university, college, or technical college (Form 1098-T)
- Interest statement for student loans (Form 1098-E)
- Childcare expenses: amount paid, provider name, address, tax ID or Social Security number

## Deductions

- Documentation of charitable donations to qualified [501(c)(3)] nonprofit organizations
- Homeowner statements (Form 1098): mortgage insurance/interest and real estate taxes paid
- Out of pocket unreimbursed medical expenses

## Health Care

- Forms 1095-A, B or C, Affordable Health Care Statements
- Exemption certificate from the Marketplace, if applicable

## Property Tax Refund

- Certificate of Rent Paid (CRP)
- Statement of Property Taxes Payable in 2022

## Other

- A copy of last year's tax return
- IRS Letter 6419, Advanced Child Tax Credit
- IRS Letter 6475, Third Economic Impact Payment and Plus-up Payments



# Tax Intake Form

Taxpayer Name: \_\_\_\_\_

M1PR ONLY

BANKING INFORMATION	
Would you like your refund mailed to you? (circle one) YES NO If NO, please complete the information below	
DIRECT DEPOSIT INFORMATION	
Please circle the appropriate account and enter the name of the financial institution, routing number and account number below	
Type of account:	Checking Savings* CFR Card Other Account
Name of the Bank:	<input type="checkbox"/> I need a FREE Debit card to direct deposit my refund. Please order me a FREE CFR card. Account Number: _____ Routing Number: _____ Verify account and routing number with card issuer.
Routing Number:	
Account Number:	
*Savings account: Do not use the routing number on the bottom of savings deposit slip. Verify the routing number with your financial institution.	

ADDITIONAL SITUATIONS IMPACTING THE MINNESOTA INCOME RETURN			
YES	NO	UNSURE	
			Were you a resident of Minnesota the entire year?
			Did you have a child born in 2024?
			Did you pay education expenses in 2024 for your child/children attending K-12?
			Did you make Minnesota estimated income tax payments in 2023 to pay taxes in advance? \$ _____
			Are you a renter? How many 2024 CRPs (Certificates of Rent Paid) do you have? _____
			Are you a homeowner or mobile homeowner?
			Homeowner or mobile homeowner: Do you have the <b>2024</b> property tax statement?
			Homeowner or mobile homeowner: Do you have any other person living with you that is <u>not</u> a boarder, renter, parent, or other person not listed on your tax return?
			Did you rent out part of your home or use it for business?
			Might you be eligible for an injured spouse form?

TAXPAYER SURVEY		
YES	NO	
		If you did not already apply, do you want information on the Energy Assistance Program?
		If you have not already applied, do you want more information on the Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps?
		Do you have a checking account?
		Do you have a savings account? If yes, do you have over \$500 in savings account (circle one) YES NO
		Do you have a pre-paid debit card (before today if one was opened at the site today)?
		Do you have a credit card?
		Do you want a free credit report?
		Do you want a free Chex System report? (Report with information to show your account activities and the reasons your past accounts have been closed)
		Have you increased your savings from last year?
		How did you hear about the Tri-CAP tax program?

## CONSENT TO USE AND DISCLOSE OF TAX RETURN INFORMATION

You are not required to complete this form to engage in our tax return preparation services today.

FYI: If agreeing below, your tax return can be e-filed and kept in the software. If you disagree, your return must be mailed and the return deleted from the software and there will be no future access to it.

**Taxpayer Name:** (Print) \_\_\_\_\_

**Tri-CAP Agrees:**

- That we will keep your electronic and paper tax returns secure.
- We will never share your name, social security number, employer or other personal information with anyone without your permission.

**YOU AGREE:**

- That we can create a computer file with information from your tax return that will include personal information such as your name and social security number.
- That we can use non-identifying information from your tax return to prepare reports and applications in support of the VITA program.
- That we can share information with you about community services that may be available to you.
- That we can include **non-identifying** (i.e. gender, race, filing status, etc.) information from your tax return in anonymous, aggregate data reports:
  - In marketing materials to promote the program
  - In the submission of funding applications which support the program

**I/We the taxpayer(s) have read the above information and hereby CONSENT to the tax preparer's Use of Tax Return Information for the purposes stated above.**

Taxpayers signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second taxpayer signature  
(if married and filing together): \_\_\_\_\_ Date: \_\_\_\_\_

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 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. Your consent is valid for the amount of time 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](mailto:complaints@tigta.treas.gov).