Document Drop off Date: __________

LifeStyles, Inc.

VOLUNTEER INCOME TAX ASSISTANCE SUMMARY FORM

TAXPAYER, PLEASE COMPLETE THE FOLLOWING:

Please check one: ☐ Virtual ☐ Drop-off (please select location): ☐ Fuller House ☐ La Plata office ☐ Capitol Heights

Tax Payer's Name(s): ____

Home Phone: ______________________________ Cell Phone: ______________________________

Email address: ____

How did you find out about this program (please check all that apply)?

☐ Social Media/Website
☐ Flyer/Marketing materials
☐ Word-of-mouth
☐ Prior Client
☐ Other: _________________________

Please let us know whether you received the following:

☐ 1st Stimulus; if YES, how much was received? _________________________
☐ 2nd Stimulus; if YES, how much was received? _________________________

Bank account information (direct deposit or direct debit purposes only):

Bank Name: ____ ☐ Checking ☐ Savings
Account #: ____ Routing # (9 digits): _____________________________

INTERNAL USE ONLY

Drop-off Location: ____ Drop-off Date: ____________________________

Staff Person who Received Documents: ____

Tax Preparer's Name: ____ ☐ Basic ☐ Advanced ☐ QEV

Quality Reviewer's Name: ____ ☐ Basic ☐ Advanced ☐ QEV

Completion Date: _______________________________ Tax Payer Signature Date: _______________________

E-Filed Date: ____ Returning VITA Tax Payer: ☐ Yes ☐ No

Document Drop off Date: __________

7216 "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 if valid for one year from the date of signature.

Defined Terms

TAX PREPARER: *LifeStyles of Maryland Foundation, Inc.*

INFORMATION: The Taxpayer's tax returns prepared by *LifeStyles of Maryland Foundation, Inc.* and all information contained therein.

DISCLOSURE INFORMATION: I authorize *LifeStyles of Maryland Foundation, Inc.* to share information from my tax returns prepared by *LifeStyles of Maryland* and the CASH Campaign of Maryland.

PURPOSE: Identifying information is shared with *LifeStyles of Maryland* and the CASH Campaign of Maryland for **VITA program oversight**.

Taxpayer's Signature: ____

Spouse's Signature (if applicable): ____________________________________

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 email at complaints@tigta.treas.gov.

Document Drop off Date: __________

TAXPAYER DOCUMENT CHECKLIST

Please ensure each taxpayer has included the following documents in the envelope. If all documents are not received, tax returns cannot be completed in a timely manner and will be delayed.

- ☐ Completed Volunteer Income Tax Assistance Summary Form
- ☐ Completed Form 13715: Intake/Interview & Quality Review form
- ☐ Signed Form 14446 Taxpayer Consent
- ☐ Copy of photo ID of taxpayer and spouse, if applicable (even if we have done their taxes in prior years, they need to bring a copy)
- ☐ Copy of Social Security cards for everyone being claimed on the tax return (even if we have done their taxes in prior years, they need to bring a copy)
- ☐ Income statements, i.e., unemployment, W-2, 1099, 1098, etc.
- ☐ Credit statements, i.e., child & dependent care expenses, retirement savings, qualified residential energy costs (if applicable)
- ☐ Tuition statement and Form 1098-T for education credit (if applicable)
- ☐ Expense/Adjustment statements, i.e., student loan interest, travel expenses, etc. (if applicable)
- ☐ Deduction statements (if itemizing), i.e., medical & dental expenses, charitable contributions/donations, real estate taxes, mortgage interest, etc. **(PLEASE NOTE: For VITA sites, non-cash contributions is a maximum of $500)**
- ☐ Voided check or bank account/routing numbers (for direct deposit or debit of balance due; some documentation on bank communications is required)
- ☐ Prior year tax return (**required if itemize**; even if we have done their taxes in prior years, they need to bring a copy)
- ☐ Other: ____