FCDC 2020 VITA Drop-Off Service Instructions

Please follow ALL the instructions and complete ALL the steps. Failure to complete WILL may result in a delay of processing your tax return.

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

Page 1 - Answer ALL questions (QI-II). **MUST provide an accurate phone number and email address.** Only the dependents (who you are claiming on your tax return) information is needed in Part II - #2 (Household information)

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

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

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

Consent to Use Tax Return Information - NO PERSONAL INFORMATION WILL BE USED

Consent to Disclose Tax Return Information - NO PERSONAL INFORMATION WILL BE DISCLOSED.

IRS Form 14446 - Virtual VITA/TCE Taxpayer Consent - Required to use the Drop-Off Service

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:**

   a. **PRIOR YEAR'S TAX RETURN**
   b. Copy of Social Security Cards or ITIN card(s)/letter for EVERYONE on the tax

PLEASE REFER TO THE CHECK-OFF LIST FOR ALL DOCUMENTS REQUIRED

D. **Put ALL the completely filled out Intake Form, Consent Forms and required documents in the envelope** provided and Drop-Off (by appointment) at the **Franciscan CDC, 239 Anderson Ave, Fairview** . 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, if you don't answer at first, we will try within 15 minutes. Should you fail to answer both calls, you will be placed back into rotation at the end of the list.

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

   a. Please wear your own mask and bring your own pens
   b. ONLY the Taxpayer and Spouse should be present for the signing appointment
   c. NO children allowed at pick-up

Franciscan CDC
VITA Program
DROP-OFF PROCEDURE
2020 Tax Season

Site	Site Address	Days & Hours Intake Packet Pick up Only	Drop-Off & Final return Pick- up by Appointments Only	Site Open & Close dates
Franciscan CDC VITA	239 Anderson Ave. Fairview NJ 07022	*Monday-Fridays: 9am - 3:30pm and 7:00pm-8:30pm *Saturday: 10am-1pm	*Monday-Fridays: 6:45m -7:45pm *Saturday: 10am-1:15pm	OPEN: February 3rd CLOSE: April 1, 2, 3 & 15th

Expected turn-around time for Virtual VITA Online/ Drop Off Tax Prepration Service is 7-10 days

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

1. **Intake Packet Pick Up** – To be picked up from the VITA site during the above schedule. You may also download and print the packet online from our website **https://www.franciscancdc.org/vita-program.html**
2. **Intake Process**- Follow and complete the instructions in the packet, sign the required **CONSENT FORMS** and ensure you have **ALL YOUR REQUIRED DOCUMENTS** for your filing status. Enclose all documents and forms inside the pickup envelope if applicable and **CALL** to make your **DROP Off Appointment. APPOINTMENTS WILL NOT BE GIVEN IF YOU DO NOT HAVE ALL THE INFORMATION.**
3. **Drop-Off** the completed packet (including prior year's tax return) at the VITA site during the scheduled days and hours **by Appointment only**
4. Tax Preparation will be done remotely and the client will be contacted via phone **by their scheduled Appointment only**
5. Taxpayer will obtain a copy of the filed tax return at the VITA Site **by Appointment only.** Married filing joint tax returns- (husband and wife must be present during pick up appointment).
6. No children permitted during drop off/pick up appointments.

Please refer to our webpage for instructions and to download and print the "Intake Packet" if necessary.

VISIT: https://www.franciscancdc.org/vita-program.html

Call for APPOINTMENT:

Monday, Tuesday, Thursday & Friday	10 AM- 3PM	201-870-1219
Wednesdays ONLY	11 AM -1 PM	646-543-4305
Wednesdays ONLY	4 PM -7 PM	201-579-3457

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

To find Information on VITA Site Locations in other areas (Bergen/Hudson County), please visit **https://irs.treasury.gov/freetaxprep/**

FRANISCAN CDC Virtual VITA

Free Online or Drop-Off Income Tax Preparation & E-file Service

Who Qualifies

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

* No income limit restriction

For Online Service: MUST HAVE:

Email Address AND
Computer, scanner with internet access OR
Smart device with internet access (tablet or smart phone and ability to upload and take CLEAR images of documents)

For On-Site Drop-off / Pick Up Service (Appointment Only):

* Must bring own & wear a mask
* Bring your own pens please
* Only the Taxpayer & Spouse are permitted to be present
* No children permitted

Required Information:

- **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 to be claimed on the return.
- **MUST BRING** – Last year's Tax Return
- Proof of Income, 1099R (pension/annuity), 1099 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, Cash payments required notarized letter.
- **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 by **Appointment Only**

Please refer to our web page for instructions and downloading 'Intake Packet'

https://www.franciscancdc.org/vita-program.html

Call for APPOINTMENT:

Monday, Tuesday, Thursday & Friday	10 AM- 3PM	201-870-1219
Wednesdays ONLY	11 AM -1 PM	646-543-4305
Wednesdays ONLY	4 PM -7 PM	201-579-3457

For information on locations in other areas (Bergen/Hudson)
please visit: **https://irs.treasury.gov/freetaxprep/**

Form **13614-C**
(October 2020)

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	Daytime telephone number	Are you a U.S. citizen? ☐ Yes ☐ No
2. Your spouse's first name	M.I.	Last name	Daytime telephone 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

Part II – Marital Status and Household Information

1. As of December 31, 2020, what was your marital status?
- ☐ Never Married
- ☐ Married
- ☐ Divorced
- ☐ Legally Separated
- ☐ Widowed

(This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

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

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

Date of final decree _____

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

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 12/31/20 *(S/M)* (g)	Full-time Student last year *(yes/no)* (h)	Totally and Permanently Disabled *(yes/no)* (i)	**To be completed by a Certified Volunteer Preparer**				
									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/nd/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? (Form 1099-MISC, 1099-NEC, cash, virtual currency, or other property or services)
☐	☐	☐	8. (A) Cash/check/virtual currency payments, 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, Virtual Currency 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 1099G)
☐	☐	☐	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, virtual currency, Sch K-1, royalties, foreign income, other property or services, etc.) Specify _____

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 to a retirement account? ☐ IRA (A) ☐ 401K (B) ☐ Roth IRA (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 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]
☐	☐	☐	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
   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

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?

☐ 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?

☐ 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 ☐ 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 (EN-SP)**
(July 2020)

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 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.

GPO U.S. GOVERNMENT PRINTING OFFICE: 2020—724-679

Form **14446** (October 2020)	Department of the Treasury - Internal Revenue Service **Virtual VITA/TCE Taxpayer Consent**	OMB Number 1545-2222

This form is required whenever the taxpayer's tax return is completed and/or quality reviewed in a non-face-to-face environment. The site must explain to the taxpayer the process this site will use to prepare the taxpayer's return. If applicable, taxpayers must also be advised of all procedures and the associated risk if their data will be transferred from one site location to another site location.

Part I - To be completed by the VITA/TCE site:

Site name

Site address *(street, city, state, zip code)*

Site identification number (SIDN)	Site coordinator name
Site contact name	Site contact telephone number

This site is using the following Virtual VITA/TCE method(s) to prepare your tax return:

☐ **A. Drop Off Site:** This site uses a drop off process which includes the site maintaining personal identifiable information *(social security numbers, Form W-2, etc.)* to prepare the tax return at the same site but at a later time. In this process, you will come back to the same site for the quality review and/or signing the completed tax return. The site will explain the method it will use to contact you if additional information is needed to prepare and/or quality review the tax return.

☐ **B. Intake Site:** This method includes the taxpayer leaving their personal identifiable information *(social security numbers, Form W-2 and other documents)* at the site in order to prepare and/or quality review the tax return at another location. In this process, the taxpayer's tax return information may be sent to another location for one or more of the following reasons; interviewing the taxpayer, preparing the tax return, or performing a quality review. The taxpayer may come back to the intake site for the quality review or to review and sign the completed tax return.

☐ **C. Return Preparation and/or Quality Review Only Site:** This site may receive returns from one or more intake sites to prepare and/or quality review returns. This site generally does not take walk-in or appointments from other taxpayers in their location.

☐ **D. Combination Site:** This site prepares returns for other permanent or temporary intake sites as well as assisting walk in and/or appointment only taxpayers within their location.

☐ **E. 100% Virtual VITA/TCE Process:** This method includes non face-to-face interactions with the taxpayer and any of the VITA/TCE volunteers during the intake, interview, return preparation, quality review, and signing the tax return. The taxpayer will be explained the full process and is required to consent to step-by-step process used by the site. This includes the virtual procedures to send required documents (social security numbers, Form W-2 and other documents) through a secured file sharing system to a designated volunteer for review.

Part II: The Sites Process:

Explain how each process will be followed to assist taxpayers remotely. How will the site manage:

1. Scheduling the appointment

2. Securing Taxpayer Consent Agreement

3. Performing the Intake Process *(secure all documents)*

4. Validating taxpayer's authentication *(Reviewing photo identification & Social Security Cards/ITINS)*

5. Performing the interview with the taxpayer(s)

6. Preparing the tax return

7. Performing the quality review

8. Sharing the completed return

9. Signing the return

10. E-filing the tax return

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	
Printed name		Printed name *(spouse if married filing joint)*	
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 *(electronic)* **OR**		Signature *(electronic)* **OR**	
Signature *(type/print)*		Signature *(type/print)*	

Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	
2	Total tax	2	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4	Amount you want refunded to you	4	
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN ☐☐☐☐☐ as my
ERO firm name — Enter five digits, but don't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN ☐☐☐☐☐ as my
ERO firm name — Enter five digits, but don't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form 8879 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form8879*.

What's New. Form 8879 is used to authorize the electronic filing *(e-file)* of original and amended returns. Use this Form 8879 (Rev. January 2021) to authorize *e-file* of your Form 1040, 1040-SR, 1040-NR, 1040-SS, or 1040-X, for tax years beginning with 2019.

Purpose of Form

Form 8879 is the declaration document and signature authorization for an e-filed return filed by an electronic return originator (ERO). Complete Form 8879 when the Practitioner PIN method is used or when the taxpayer authorizes the ERO to enter or generate the taxpayer's personal identification number (PIN) on his or her e-filed individual income tax return.

Don't send this form to the IRS. The ERO must retain Form 8879.

When and How To Complete

Use this chart to determine when and how to complete Form 8879.

IF the ERO is . . .	THEN . . .
Not using the Practitioner PIN method and the taxpayer enters his or her own PIN	Don't complete Form 8879.
Not using the Practitioner PIN method and is authorized to enter or generate the taxpayer's PIN	Complete Form 8879, Parts I and II.
Using the Practitioner PIN method and is authorized to enter or generate the taxpayer's PIN	Complete Form 8879, Parts I, II, and III.
Using the Practitioner PIN method and the taxpayer enters his or her own PIN	Complete Form 8879, Parts I, II, and III.

ERO Responsibilities

The ERO must:

1. Enter the name(s) and social security number(s) of the taxpayer(s) at the top of the form.

2. Complete Part I using the amounts (zeros may be entered when appropriate) from the taxpayer's tax return. Form 1040-SS filers leave lines 1 through 3 and line 5 blank.

3. Enter or generate, if authorized by the taxpayer, the taxpayer's PIN and enter it in the boxes provided in Part II.

4. Enter on the authorization line in Part II the ERO firm name (not the name of the individual preparing the return) if the ERO is authorized to enter the taxpayer's PIN.

5. Provide the taxpayer(s) Form 8879 by hand delivery, U.S. mail, private delivery service, email, Internet website, or fax.

6. Enter the 20-digit Submission Identification Number (SID) assigned to the tax return, or associate Form 9325, Acknowledgement and General Information for Taxpayers Who File Returns Electronically, with Form 8879 after filing. If Form 9325 is used to provide the SID, it isn't required to be physically attached to Form 8879. However, it must be kept in accordance with published retention requirements for Form 8879. See Pub. 4164, Modernized e-File (MeF) Guide for Software Developers and Transmitters, for more details.

You must receive the completed and signed Form 8879 from the taxpayer before the electronic return is transmitted (or released for transmission).

For additional information, see Pub. 1345.

Taxpayer Responsibilities

Taxpayers must:

1. Verify the accuracy of the prepared income tax return, including direct deposit information.

2. Check the appropriate box in Part II to authorize the ERO to enter or generate your PIN or to do it yourself.

3. Indicate or verify your PIN when authorizing the ERO to enter or generate it (the PIN must be five digits other than all zeros).

4. Sign and date Form 8879. Taxpayers must sign Form 8879 by handwritten signature, or electronic signature if supported by computer software.

5. Return the completed Form 8879 to the ERO by hand delivery, U.S. mail, private delivery service, email, Internet website, or fax.

Your return won't be transmitted to the IRS until the ERO receives your signed Form 8879.

Refund information. You can check on the status of your refund if it has been at least 72 hours since the IRS acknowledged receipt of your e-filed return. But if you filed Form 8379 with your return, allow 11 weeks. To check the status of your refund, do one of the following.

- Go to *www.irs.gov/Refunds*.
- Call 1-800-829-4477 for automated refund information and follow the recorded instructions.
- Call 1-800-829-1954.

Important Notes for EROs

- Don't send Form 8879 to the IRS unless requested to do so. Retain the completed Form 8879 for 3 years from the return due date or IRS received date, whichever is later. Form 8879 may be retained electronically in accordance with the recordkeeping guidelines in Rev. Proc. 97-22, which is on page 9 of Internal Revenue Bulletin 1997-13 at *www.irs.gov/pub/irs-irbs/irb97-13.pdf.*
- Confirm the identity of the taxpayer(s).
- Complete Part III only if you are filing the return using the Practitioner PIN method. You aren't required to enter the taxpayer's date of birth, prior year adjusted gross income, or PIN in the Authentication Record of the electronically filed return.
- If you aren't using the Practitioner PIN method, enter the taxpayer(s) date of birth and either the adjusted gross income or the PIN, or both, from the taxpayer's prior year originally filed return in the Authentication Record of the taxpayer's electronically filed return. **Don't** use an amount from an amended return or a math error correction made by the IRS.
- Enter the taxpayer's PIN(s) on the input screen only if the taxpayer has authorized you to do so. If married filing jointly, it is acceptable for one spouse to authorize you to enter his or her PIN, and for the other spouse to enter his or her own PIN. It isn't acceptable for a taxpayer to select or enter the PIN of an absent spouse.
- Taxpayers must use a PIN to sign their e-filed individual income tax return transmitted by an ERO.
- Provide the taxpayer with a copy of the signed Form 8879 for his or her records upon request.
- Provide the taxpayer with a corrected copy of Form 8879 if changes are made to the return (for example, based on taxpayer review).
- EROs can sign the form using a rubber stamp, mechanical device (such as a signature pen), or computer software program. See Notice 2007-79, 2007-42 I.R.B. 809, available at *www.irs.gov/irb/2007-42_IRB/ar10.html,* for more information.
- Go to *www.irs.gov/Efile* for the latest information.

Check all items that apply and provide supporting documents

Taxpayer/Dependent Information

- ☐ ***Last year's tax return (new client)***
- ☐ *Social Security cards (new client)*
- ☐ *Social Security cards – new spouse/dependents*
- ☐ *Driver's license/ID (new client)*
- ☐ *Death of taxpayer/dependent*

Income

- ☐ *Form(s) W-2*
- ☐ *Interest Income (Form 1099-INT)*
- ☐ *Dividend Income (Form 1099-DIV)*
- ☐ *Prior year state refund amounts*
- ☐ *Alimony received*
- ☐ *Business Income and expenses*
- ☐ *Stock or personal asset sales*
- ☐ *Sale of a business or business assets*
- ☐ *IRA distributions (Form 1099-R)*
- ☐ *Pension/Annuity income (Form 1099-R)*
- ☐ *Rental property income and expenses*
- ☐ *Farm income and expenses*
- ☐ *Unemployment income (Form 1099-G)*
- ☐ *Social Security Benefits (Form 1099-SSA)*
- ☐ *Railroad Retirement (Form RRB-1099 (R))*
- ☐ *Gambling winnings/losses (Form W-2G)*
- ☐ *Miscellaneous Income (Form 1099-MISC)*
- ☐ *Refunds of amounts previously deducted*
- ☐ *Schedule K-1*

Adjustments to Income

- ☐ *Health Savings Account contribution*
- ☐ *Moving expenses (military personnel only)*
- ☐ *SEP, SIMPLE contributions*
- ☐ *Early withdrawal penalty on savings*
- ☐ *Health insurance paid for self-employed*
- ☐ *Alimony paid (amount & SSN of recipient)*
- ☐ *IRA contributions*
- ☐ *Student loan interest*
- ☐ *Classroom supplies (K-12)*

Itemized Deductions

- ☐ *Medical expenses (PAID)*
  - ☐ *After-tax insurance premiums*
  - ☐ *Hospital/Doctors/Dentists*
  - ☐ *Long-term insurance premiums*
  - ☐ *Prescriptions*
  - ☐ *Hearing aids/batteries*
  - ☐ *Eyeglasses/contacts/contact solution*
  - ☐ *Medical mileage*
  - ☐ *Marketplace Health Insurance*
- ☐ *Real estate taxes*
- ☐ *Personal property taxes*
- ☐ *Home mortgage interest (Form 1098)*
- ☐ *Charitable contributions (cash/check)*
- ☐ *Charitable contributions (noncash)*
- ☐ *Charitable mileage*
- ☐ *Casualty losses (Presidentially declared disaster areas)*

Credits

- ☐ *Child and dependent care expenses*
- ☐ *Education expenses*
  - ☐ *Forms 1098T - E - or 1099Q*
- ☐ *Residential energy expenses*
- ☐ *Adoption expenses*
- ☐ *Economic Stimulus Payment*

Taxes Paid

- ☐ *Estimated taxes paid (federal and state)*
- ☐ *Extension payment*

Misc. Items

- ☐ *First-time homebuyer credit repayment*
- ☐ *Household employee information*
- ☐ *Tips received*
- ☐ *Sale or purchase of a personal residence*
- ☐ *HUD-1 statement - home purchase or refinance*

Additional/Important Information:

VITA
FRANCISCAN CDC
Volunteer Income Tax Assistance

FCDC 2020 Drop Off Form

Are you a returning Peoples Tax Client? ☐ Y | ☐ N
Do you have your PRIOR YEAR'S RETURN? ☐ Y | ☐ N

Client Information:

Marital Status:
☐ Single | ☐ Married | ☐ Widowed

Primary Taxpayer Name:_____

Date of Birth:_____

SSN or ITIN:_____

Occupation:_____

Physical Address:_____

City, State, Zip:_____

Preferred Contact Method: ☐ Email | ☐ Phone

Best Phone Number:_____

Email:_____

Driver's License #:_____

Date Issued:_____State Issued:___ Date Expired:_____

Spouse Name _____

Spouse Date of Birth:_____

Spouse SSN or ITIN _____

Occupation _____

Physical Address (if different):_____

_____

Best Phone Number:_____

Email:_____

Driver's License #:_____

Date Issued:_____State Issued:___Date Expired:_____

Dependents (or person living in your household)

Name	Relationship	Date of Birth	SSN or ITIN (new clients only)	Full-time Student?	Disabled?

Did all dependents live with the primary taxpayer all year? ☐ Yes | ☐ No