

TAXES

CAA Intake Instructions Tax Year 2025

1/28/2026 – 4/15/2026

1. Please complete all the pages included in this packet.
2. **WE NEED COPIES OF ID's, TAX DOCUMENTS, AND THE FULLY COMPLETED TAX INTAKE FORMS.**
3. **We cannot process your tax return, if the intake forms are not complete or if there are missing COPIES of IDs or tax documents.**
4. To make tax prep appointments: call 513-685-4478. Appointment availability is based on the number of tax volunteers. OR see App.CapAppointments.Com for online scheduling.
5. **For drop-offs: Place completed INTAKE and COPIES of tax documents and IDs in the tax envelope.** Bring the envelope to the pre-screening and give it to the Screener.

Pre-Screening of drop-offs – Recommended

Hours: Weekdays from 9am to 3pm, as volunteer screeners are available.

Pre-screening by a volunteer helps to ensure that you have the necessary tax documents.

1. Take a number, pick-up a TAX packet and tax envelope from the Resource table in the CAA 2nd Floor Lobby and complete the packet.
2. Place in the envelope your tax packet and **COPIES** of your tax documents, social security card(s), and photo id(s).
3. Wait in the Lobby for the Screener to call you. If you have waited over 10 minutes, please go into the Receptionist Desk for assistance.
4. Your packet will be reviewed, pending screener availability. If forms are missing, you will be given a list of what is needed. If your packet is complete, the Tax Center will keep it. Do not leave without knowing the status of your packet.

GET COPIES OF TAX DOCUMENTS FREE

Cincinnati Library Branches will let you make black and white copies of your documents & ID. The **first 30** pages are ****FREE****, after that, there is a \$0.15 per page charge. Ask a Librarian for assistance.

You need to get COPIES of:

- **Photo ID** – has your picture and name
- **Social security cards or ITIN's for everyone on your tax return OR SSA-1099's OR letter or document from Social Security with your name and last four digits of your social security number**
- **Tax Documents** – W2's, 1099's, income statements, bank statements, charitable giving, gambling winnings, etc.
- **Bank Account Info for direct deposit** – bank name, routing number & account # & type of account (checking or savings)

For return from prior tax year 2021, you will additionally need:

- **Letter 6475 from the IRS, if you received the third round of Economic Impact payments.**
(The IRS sent this in late January, 2022.)
- **Your 2019 tax return**, if you earned more money in 2019 than in 2021. If your 2019 tax return was prepared at CAA, you do not need to include it.

CAA – TAXES – CONTACT INFORMATION – TAX YEAR 2025

Complete and Place in Envelope

Name		
First:		MI:
Last:		
School District:		County:
What are the two best methods to contact you during this tax season?		
1 – Best 2 – Good	Contact Information	
	Cell #:	Best time(s) to call:
	Landline #	Best time(s) to call:
	Email Address:	
	Mailing Address:	
	City:	State:
		Zip:
For Direct Deposit of your refund, please provide:		
Bank Routing Number: _____		Bank Account Number: _____
Bank Name: _____		<input type="checkbox"/> Checking <input type="checkbox"/> Savings Account
If you owned a Health Savings Account (HSA) in 2025, please complete the below questions:		
Was the HSA for single or family coverage? _____		
Did you take an HSA distribution in 2025? If so, how was it used? (E.g., medical expenses)		
If you took an IRA distribution before you were age 59 ½, how was the distribution used?		
RECEIVE FINAL COPY OF TAX RETURN BY: _____		
<ul style="list-style-type: none">• Email• Download (from TaxSlayer)• US Postal Mail Service• Pickup at CAA (Arrange with Reviewer)		

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 1-5 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

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 2025		
<input type="checkbox"/> Yes <input type="checkbox"/> No							

Can anyone else claim you or your spouse on their tax return

Yes No

Check if you or your spouse were in 2025:			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

If due a refund, how would you like your refund

Direct deposit Check by mail
 Split refund between accounts Other _____

If you have a balance due, how would you like to make your payment

Bank account IRS.gov Direct Pay
 Set up installment agreement 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 _____

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, 2025, what was your marital status

<input type="checkbox"/> Never Married	<input type="checkbox"/> Married	If married, were you married on the last day of the year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you and your spouse live apart all of the last 6 months of the year			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Divorced	<input type="checkbox"/> Legally Separated but not Divorced	Date of final decree _____	<input type="checkbox"/> Widowed	Year of spouse's death _____

List the names below of everyone who lived with you last year (except your spouse) **AND** anyone you supported but did not live with you last year.

Answer Yes or No (Y/N)

**To be completed by certified volunteer
(Yes, No, or N/A)**

Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2025	Single or Married as of 12/31/2025 (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 \$5,200 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 2025:	(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 2025?	(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
<input type="checkbox"/> (A) Mortgage Interest <input type="checkbox"/> (A) Taxes: state, local, real estate, sales, etc. <input type="checkbox"/> (A) Medical, dental, prescription expenses <input type="checkbox"/> (A) Charitable contributions	<input type="checkbox"/> (A) 1098 <input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	# _____
Paid any of these expenses in 2025?	(To be completed by certified volunteer) Expenses to report	Notes/Comments
<input type="checkbox"/> (B) Student loan interest <input type="checkbox"/> (B) Child and dependent care <input type="checkbox"/> (B/A) Contributions to a retirement account <input type="checkbox"/> (B) School supplies by a teacher, teacher's aide or other educator <input type="checkbox"/> (B) Alimony payments (do not include child support)	<input type="checkbox"/> (B) 1098-E <input type="checkbox"/> (B) Child and dependent care credit <input type="checkbox"/> (B/A) IRA (Basic if a Roth IRA or 401K) <input type="checkbox"/> (B) Educator expenses deduction <input type="checkbox"/> (B) Alimony payments with spouse's SSN Adjustment to income	\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Did any of the following happen during 2025?	(To be completed by certified volunteer) Information to report	Notes/Comments
<input type="checkbox"/> (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	<input type="checkbox"/> (B) Taxable scholarship income <input type="checkbox"/> (B) 1098-T (itemized statement from school, invoice, etc.) <input type="checkbox"/> (B) Education credit or tuition and fees deduction	
<input type="checkbox"/> (A) Sell a home	<input type="checkbox"/> (A) Sale of home (1099-S)	
<input type="checkbox"/> (A) Have a health savings account (HSA)	<input type="checkbox"/> (A) HSA contributions <input type="checkbox"/> (A) HSA distributions	
<input type="checkbox"/> (A) Purchase health insurance through the Marketplace (Exchange)	<input type="checkbox"/> (A) 1095-A	
<input type="checkbox"/> (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	<input type="checkbox"/> (A) Energy efficient home improvement credit (Form 5695, Part II only)	
<input type="checkbox"/> (A) Other (example: purchased a new vehicle, etc.)	<input type="checkbox"/> VIN #	
<input type="checkbox"/> (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	<input type="checkbox"/> (A) 1099-C	
<input type="checkbox"/> (A) Have a loss related to a declared Federal disaster area	<input type="checkbox"/> (A) 1099-A	
	<input type="checkbox"/> Disaster relief impacts return	
<input type="checkbox"/> (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	<input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
<input type="checkbox"/> Receive any letter or bill from the IRS	<input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral	
<input type="checkbox"/> (B) Make estimated tax payments or apply last year's refund to 2025 taxes	<input type="checkbox"/> (B) Estimated tax payments <input type="checkbox"/> (B) Last year's refund applied to this year	
<input type="checkbox"/> Brought last year's return	<input type="checkbox"/> Last year's return available	

Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

1. Would you say you can carry on a conversation in English	<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all	<input type="checkbox"/> Prefer not to answer
2. Would you say you can read a newspaper in English	<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all	<input type="checkbox"/> Prefer not to answer
3. Do you or any member of your household have a disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer		
4. Are you or your spouse a Veteran of the U.S. Armed Forces	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer		
5. What is your race and/or ethnicity? <u>Select all that apply</u>	<input type="checkbox"/> American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.) <input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.) <input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.) <input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.) <input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.) <input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.) <input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)				
6. What is your spouse's race and/or ethnicity? <u>Select all that apply</u>	<input type="checkbox"/> American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.) <input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.) <input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.) <input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.) <input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.) <input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.) <input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)				

Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at Treasury.gov/System of Records Notices (SORNs). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

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, write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Additional 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, 2027.

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, 2027). 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>).

Additional Consents

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use or 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 use or 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 use, disclosure, and Relational EFIN of your tax return information, your consents are valid for three years. If you agree to the Global Consent, your consent is valid until November 30, 2026.

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.

You have the option to opt out of the following services:

- **Consent to Use:** You allow us to count your return information, such as refund amount, in reports. No Personally Identifiable Information – names or SSNs – will be used.
- **Consent to Disclose:** You allow us to share non-identifiable tax information with our tax preparation partners. Information disclosed to partners does not include Personally Identifiable Information – names or SSNs.
- **Global Carryforward:** You allow us to make your tax return information available to other VITA programs you may visit.
- **Relational EFIN:** You allow the tax office that prepares your return to report data to their parent organization. **Without this consent, we will be able to prepare a paper return for you to mail but will not be able to e-file your return.**

Additional Consent	Taxpayer Signature & 5-digit PIN	Date	Spouse Signature & 5-digit PIN	Date
Consent to Use: You allow us to count your return in reports.	X _____ ____-____-____	____/____/____	X _____ ____-____-____	____/____/____
Consent to Disclose: You allow us to share non-identifiable tax information with our tax preparation partners.	X _____ ____-____-____	____/____/____	X _____ ____-____-____	____/____/____
Global Carryforward: You allow us to make your tax return information available to other VITA programs you may visit.	X _____ ____-____-____	____/____/____	X _____ ____-____-____	____/____/____
Relational EFIN: You allow the tax office that prepares your return to report data to their parent organization.	X _____ ____-____-____	____/____/____	X _____ ____-____-____	____/____/____

The full Consent to Use/Disclose Personal Tax Return Information, Consent to Disclose/Use Information to the VITA/TCE programs Relational Offices, and IRS Form 15080 Consent to Disclose Tax Return Information to VITA/TCE Tax Preparation Sites will be provided to you. A copy of this consent will be retained on site, as required by the IRS.

Virtual VITA/TCE Taxpayer Consent

This form is required when either the Intake/Interview and/or the Quality Review are not conducted in-person between the taxpayer and the VITA/TCE volunteer. The site must explain to the taxpayer the process used to prepare the taxpayer's return. If applicable, volunteers must advise the taxpayer of the associated risk of transferring their data from one site location to another site.

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

Site name

Community Action Agency Cincinnati | Hamilton County

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

1740 Langdon Farm Rd, Cincinnati, Ohio 45237

Site identification number (SIDN)	Site coordinator name
S43011222	EITC Site Coordinator
Site contact name	Site contact telephone number
Operations Director	(513) 335-7642

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

A. Drop Off Site: This site uses a drop off process which includes the site maintaining personally 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, the taxpayer comes back to the same site for the quality review and/or signing the completed tax return. The site must explain the method it uses to contact the taxpayer if additional information is needed.

Note: Sites where the taxpayer does not leave the site's property, for example waiting in another room or in a vehicle, are NOT considered drop off sites. Since the taxpayer remains at the site, they are not required to complete Form 14446. If the taxpayer leaves their tax documents at the site and then leaves the site's property for any reason, the taxpayer must complete Form 14446.

B. Intake Site: This method includes the taxpayer leaving their personally 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-ins or appointments in their location.

D. Combination Site: This site prepares returns for other permanent or temporary intake sites and assists walk-ins and appointments in their location.

E. 100% Virtual VITA/TCE Process: There is no in-person interaction with the taxpayer and any of the VITA/TCE volunteers in this process, during the intake, interview, return preparation, quality review, and signing the tax return. The site must explain the virtual processes and consent. 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 Site's Process:

Explain how each process will be followed to assist the taxpayer remotely. The questions in parentheses below provide guidance on what to include in the explanation for each process. How will the site manage:

1. Scheduling the appointment (How is the appointment made: by phone, online portal, email, or by other means)

No appointments are necessary for drop-off processing of returns. On Mondays and Fridays during the tax season, taxpayers are prescreened (intake and tax documents), first come, first served.

2. Securing Taxpayer Consent Agreement (How is the 14446 signed, received, and stored)

Taxpayer has to sign the Consent Agreement as part of the intake process. The 14446 is part of the intake package which includes: Forms 13614-C, 14446, Consent Agreement, Client Contact Sheet, copies of id and tax docs.

3. Performing the Intake Process - securing all documents (How are the taxpayer's supporting documents received, stored and tracked)

A table of tax envelopes with GetYourRefund like labels and taxpayer envelopes are placed in the appropriate stack, e.g. needs more info, etc. The 13614-C or envelope is updated. For remote preparers, the site coordinator works with them, placing returns they will process in GetYourRefund. At close of day, all the return info is placed in a box in a locked office.

4. Validating taxpayer's authentication - reviewing photo identification and Social Security cards/ITIN letters (What communication channel, either in-person or virtually, is used to validate the taxpayer's identity and which documents are reviewed)

The taxpayer comes in on Monday or Friday to meet with an interviewer/reviewer, the validation is in person, using photo id and social security card. If needed, a preparer/reviewer compares last year's personal information with the current year in TaxSlayer where possible.

5. Performing the interview with the taxpayer (What communication channel, either in-person or virtually, is used to conduct the interview)

On Mondays and Fridays, we have in person interviews for drop-off returns.

6. Preparing the tax return (Where is the tax return prepared and how are documents accessed by the preparer)

Most tax returns are prepared in person onsite. Preparers who work off-site, use GetYourRefund to access documents. All reviews are onsite. Preparers and reviewers use the various stacks of return info which parallel GetYourRefund statuses. For dropoffs, prepared by offsite preparers, the review is in person when the taxpayer comes to pickup their documents.

7. Communicating with the taxpayer (Site must explain the method(s) it uses to contact the taxpayer if additional information is needed)

The intake package has a sheet which asks the taxpayers for additional contact information. Also, the taxpayer completes the 14446. Usually we contact the taxpayers by phone or text. In a few cases email is used, pending the data involved. Taxpayers can drop-off a missing document at our tax site on any day we are open, or they can submit documents using GetYourRefund.

8. Performing the quality review (Where is the tax return reviewed and how are documents accessed by the reviewer)

Quality reviews are performed in person using Taxslayer or return info from envelopes stored in stacks with stack names similar to GetYourRefund statuses. Per taxpayer's request, we may password encrypt and email a tax return to them for review online. That service is used only in special circumstances, e.g., sick, infirm, etc.

9. Sharing the completed return (What communication channel, in-person or virtually, is used to share the completed return and how does the volunteer and/or taxpayer access the completed return)

This tax season, the reviews will be in-person. In special circumstances the return is mailed/mailed to the client.

10. Signing the return (Does taxpayer sign the return in-person or electronically and if electronically, which software is used to sign the return)

The taxpayers meet with a reviewer and sign and pick up their return info. If there are special circumstance, taxpayers can elect to sign via GetYourRefund. Also the site coordinator can send taxpayers a text using IVR which sends them a link to send documents securely.

11. E-filing the tax return (When is the return e-filed: immediately or at the end of the day)

E-filing occurs near the end of the day, around 4:30 pm.

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 agree to use this site's Virtual VITA/TCE Process

Yes No

Printed name		Printed name (spouse if married filing joint)	
Date of birth	Date	Date of birth	Date
Telephone number		Telephone number	
Email address		Email address	
Signature (electronic)		Signature (electronic)	
OR		OR	
Signature (type/print)		Signature (type/print)	