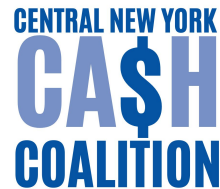


2024 Tax Season

# Introduction to VITA

with

Volunteer Standards of Conduct,  
Intake/Interview and Quality Review,  
& Over the Phone Interpretation (OPI)



# What is VITA

- VITA – Volunteer Income Tax Assistance
- Group of community-based sites where volunteers will complete your taxes for you
- Funded by the IRS, other nonprofit grants
- Run by local nonprofits (United Way of CNY and the CA\$H Coalition, PEACE, Inc. , NEHDA, 1199-SEIU, and Syracuse University)
- Staffed by volunteers who train and certify in maintaining confidentiality and tax preparation
- **Mission:** To prevent anyone with a simple return and limited income from spending unnecessary money on a preparer

# Eligibility

## Volunteer Income Tax Assistance Preparation:

- Household Income lower than \$64,000
- Priority to those living in Onondaga County
- Not in Onondaga County?

[Use the IRS VITA Site Locator](https://irs.treasury.gov/freetaxprep/)

or

<https://irs.treasury.gov/freetaxprep/>



Self-prepare  
household income of \$79,000

# What to expect as a tax prep volunteer:

- Legal protections for volunteers
- Health protections – your safety is our top priority!



# What we need from you:

- Provide proof of passing your various certifications
  - We do not need copies of the actual certificates, we just need the generated and signed IRS Form 13615
    - We will show you this form and how to obtain it later
- At PEACE, Inc.
  - Volunteer sign-in and out
    - Credit for in-kind hours
    - Community investment

# About the Coalition:



- CA\$H stands for Creating Assets, Savings, and Hope
- Coalition of local organizations dedicated to promoting financial stability and asset building opportunities for ALICE (asset limited, income constrained, employed) individuals and families in Onondaga County

## **2023 Tax Season (as of 11/1/23)**

- 2,998 Total tax returns with over \$3.8 million in refunds
- Over 20% of tax filers were able to claim Earned Income Tax Credit (EITC)

CENTRAL NEW YORK  
**CASH**  
COALITION



# Link & Learn Home

**NOTE: NEW SITE - do not use the old link and learn site**

In order to become a certified tax preparer you will need to set up your Link and Learn account. In the search bar use the link for [Link Learn Taxes Certification](https://linklearntaxescertification.com). ([linklearntaxescertification.com](https://linklearntaxescertification.com))

- For returning tax preparers, you can use your old credentials (username). However, you will need to reset your old password. Just click on forgot password. After you have logged in please update your information and volunteer years.
- If you are a new volunteer you will create an account. You will need a valid email address to complete this process. After you have created a username and password and sign in you will now be able to take the ethics and code of standard tests, basic, and advance certifications.
- The **Practice lab**, for Basic and Advance tax preparers, can be found on the main page of Link & Learn Home under Quick Links. After clicking Practice Lab you will need to enter **TRAINPROWEB** all in caps to enter. This will bring you to another sign in page. This is a separate Username and Password. Returning users use the same username and password as last year. New tax preparers need to create one.
  - I use the same username as the certification test. This makes it easier to remember.
- Once signed in you can start your practice labs for testing. The practice lab format will be the same format you will be using in taxslayer.
- Intro/Standards of Conduct & Ethics
  - I: Two required certifications for all
- Then the next certification will open up (Basic Tax Prep)



# VITA/TCE Central



[Home](#) [Create Account](#)




Username or email

Password






[Sign in](#)

[Forgot password](#)

## Instructor Tools

-  Classroom Presentations
-  Lesson Plans
-  Instructor Guide 4555e

## Quick Links

-  Link & Learn Taxes Lessons
-  Certification Test/Retest PDFs
-  VITA/TCE Training Guide
-  Evaluations
-  Practice Lab

### Self-Registration

Complete the fields below to create your account in the system.  
Required fields are marked by an asterisk (\*), all other are optional.

\* Group:  01 - VITA Volunteer

- 02 - TCE - AARP Volunteer
- 03 - TCE - Other Volunteer
- 04 - VITA - Military Volunteer
- 05 - IRS Employee - SPEC
- 06 - IRS Employee - Other
- 07 - Foreign Student Site Volunteer
- 08 - IRS Employee - Volunteer
- 09 - Federal Employee non-IRS employee
- 10 - SPEC OPI Volunteer
- 11 - Other

\* Do you want to take SPEC OPI Training?  Yes  No

\* Do you require activation of multiple OPI Pins?  Yes  No

\* Do you want to take the Site Coordinator certification?  Yes  No

\* Are you an Instructor?  Yes  No

\* Are you an IRS SPEC Territory Manager?  Yes  No

\* Do you plan to volunteer in the VITA/TCE Program?  Yes  No

\* Training Source

\* First Name

\* Last Name

\* State / Province

\* Postal Code

Daytime Telephone Number

\* Time Zone

Partner/Organization Name

\* Years You Have Volunteered

Professional status for Continuing Education credits or Circ 230 ONLY

PTIN Number ?

Name as listed on PTIN Card

CTEC Number ?

**PLEASE NOTE:** Enter your PTIN as it appears on your PTIN card; however, do not include a hyphen.

Register

### 2023 Volunteer Standards of Conduct Exam

- Score: 100.0%
- Exam Status: Pass
- Attempts: 1

View My Certificate

### SPEC Over-the-Phone Interpreter Training Exam

- Score: 90.0%
- Exam Status: Pass
- Attempts: 1

View My Certificate

### 2023 Intake/Interview and Quality Review Exam

- Score: 100.0%
- Exam Status: Pass
- Attempts: 1

View My Certificate

Check the box to have your form signed electronically

This is the form 13615 we need a copy as proof of you passing the certifications. Email to [sthompson@peace-caa.org](mailto:sthompson@peace-caa.org).

You may sign your Volunteer Agreement electronically by checking this box

Sharon Thompson 12/13/2023

[Click here](#) to open and complete your Volunteer Agreement. Click [Print from](#) the file menu to print the page.

Save the Volunteer Agreement for your records.

If you would like to review the Volunteer Standards of Conduct course, [click here](#) to review the course in PDF format.

[Click here](#) to review the Intake/Interview & Quality Review training.

[Click here](#) to review the Site Coordinator Training.

[Click here](#) to review the SPEC OPI Training.

If you would like to view SPEC OPI Answer Key, please [click here](#).

# Form 13615

## Volunteer Standards of Conduct Agreement – VITA/TCE Programs

- A two-page pdf will be created
- We only need the second page
- Required to have a copy on the first day of volunteering

**Volunteer:**  
By signing this form, I declare that I have completed Volunteer Standards of Conduct certification and have read, understand, and will comply with the standards of conduct. I also certify that I am a U.S. citizen, a legal resident, or otherwise reside in the U.S. legally.

Full name <i>(please print)</i> Sharon Thompson		Volunteer position(s) Site Coordinator,01 - VITA Volunteer,11 - <input type="checkbox"/> IRS Employee	
Home address <i>(street, city, state and ZIP code)</i> 1201 E Fayette St,Syracuse,New York,13210			
Email address sthompson@peace-caa.org		Daytime telephone 3159918846	Sponsoring partner name/site name PEACE, Inc
Number of years volunteered <i>(including this year)</i> 16	Signature <i>(electronic)</i> OR Sharon Thompson	Signature <i>(type/print)</i> OR Sharon Thompson	Date 12/13/2023

**Volunteer Certification Levels** *(Add the letter "P" for all passing test scores)*

Volunteer Standards of Conduct <i>(Required for ALL)</i>	Intake/Interview and Quality Review	Site Coordinator	Basic	Advanced	Military	International	Puerto Rico		Foreign Students	SPEC OPI
							1	2		
P	P	P	P							P

**Optional Tests**  
Federal Tax Law Update Test Only for Circular 230 Professionals (C230)

**Federal Tax Law Update Test for Circular 230 Professionals (C230):** Only volunteers in good standing as an attorney, CPA, or Enrolled Agent can take this certification. The license information below must be completed by the volunteer and verified by the partner or coordinator. Refer to [Publication 5683](#), VITA/TCE Handbook for Partners and Site Coordinators, for additional requirements and instructions.

**Note:** The C230 test does not qualify the volunteer to receive Continuing Education (CE) Credits. Advanced certification is necessary to qualify for CE Credits. Refer to [Publication 5362](#), Fact Sheet: Continuing Education Credits for VITA/TCE Partners and Volunteers, for additional requirements.

Professional designation <i>(Attorney, CPA, CTEC, or Enrolled Agent)</i>	Licensing jurisdiction <i>(state)</i>	Bar, license, registration, or enrollment number	Effective or issue date	Expiration date <i>(if provided)</i>
---	--	--	-------------------------	---

**Coordinator, Sponsoring Partner, Instructor or IRS Contact:** By signing this form, I declare that I have verified the required certification level(s) and government-issued photo ID for this volunteer prior to allowing the volunteer to work at the VITA/TCE site.

Approving Official's name and title <i>(printed)</i> <i>(coordinator, sponsoring partner, instructor or IRS contact)</i>	Signature <i>(electronic)</i>	Signature <i>(type/print)</i>	Date
	OR		

**Parent/Guardian:** By signing this form, I declare that I give permission for my child to volunteer in the VITA/TCE programs.

Parent/Guardian name <i>(printed)</i>	Signature <i>(electronic)</i>	Signature <i>(type/print)</i>	Date
	OR		

**For Continuing Education (CE) Credits ONLY**  
*(To be completed by the coordinator or partner)*

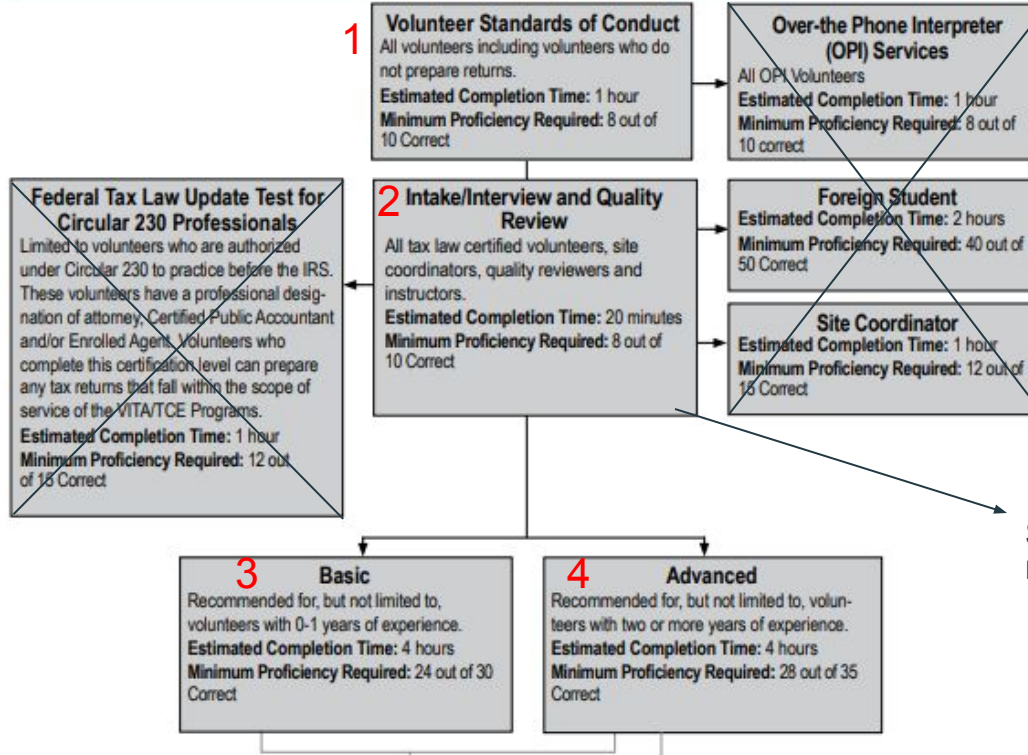
**Instructions:** Complete this section when an unpaid certified volunteer is requesting Continuing Education (CE) credits. CE credits **will not be issued** activities this volunteer performed in my site or training facility.

Approving Official's <i>(printed)</i> name and title <i>(coordinator, sponsoring partner, instructor)</i>	Signature <i>(electronic)</i>	Signature <i>(type/print)</i>	Date
	OR		



## Certification Tests

**Yearly requirement:**  
All certifications need to be renewed



Second certification requires if volunteer

- Assisting with intake
- Interviewing
- Tax preparer
- Quality reviewer

**Step 1: Volunteer Standards of Conduct.** This test is for all volunteers, including volunteers who do not prepare returns. Estimated completion time: 1 hour. Minimum proficiency required: 8 out of 10 correct.

**Step 2: Intake/Interview and Quality Review.** This test is for all tax law certified volunteers, site coordinators, quality reviewers, and instructors. Estimated completion time: 20 minutes. Minimum proficiency required: 8 out of 10 correct.



# 6744

## VITA/TCE Volunteer Assistor's Test/Retest

Volunteer Income Tax Assistance (VITA) / Tax Counseling for the Elderly (TCE)

2023 RETURNS

Required certification for volunteers.

Back up documentation:

- [IRS Publication 4299](#), Privacy, Confidentiality, and Civil Rights - A Public Trust
- [IRS Publication 4961](#), Volunteer Standards of Conduct - Ethics Training

## How to Get Technical Updates?

Updates to the volunteer training materials will be contained in Publication 4491-X, VITA/TCE Training Supplement. The most recent version can be downloaded at: [www.irs.gov/pub/irs-pdf/p4491x.pdf](http://www.irs.gov/pub/irs-pdf/p4491x.pdf)

### Volunteer Standards of Conduct

#### VITA/TCE Programs

The mission of the VITA/TCE return preparation programs is to assist eligible taxpayers in satisfying their tax responsibilities by providing free tax return preparation. To establish the greatest degree of public trust, volunteers are required to maintain the highest standards of ethical conduct and provide quality service.

Annually all VITA/TCE volunteers must pass the Volunteer Standards of Conduct (VSC) certification test and agree that they will adhere to the VSC by signing and dating Form 13615, Volunteer Standards of Conduct Agreement-VITA/TCE Programs, prior to volunteering at a VITA/TCE site. In addition, return preparers, quality reviewers, coordinators, and tax law instructors must certify in Intake/Interview and Quality Review. Volunteers who answer tax law questions, instruct tax law classes, prepare or correct tax returns, or conduct quality reviews of completed returns must also certify in tax law prior to signing the form. Form 13615 is not valid until the sponsoring partner's approving official (coordinator, instructor, administrator, etc.) or IRS contact confirms the volunteer's identity, name and address, and signs and dates the form. Volunteers' names and addresses in Link & Learn Taxes must match their government issued photo identification. Advise volunteers to update their My Account page in Link & Learn Taxes with their valid name and address.

As a volunteer in the VITA/TCE programs, you must adhere to the following Volunteer Standards of Conduct:

**VSC 1** – Follow all Quality Site Requirements (QSR).

**VSC 2** – Do not accept payment, ask for donations, or accept refund payments for federal or state tax return preparation from customers.

**VSC 3** – Do not solicit business from taxpayers you assist or use the information you gained about them for any direct or indirect personal benefit for yourself, any other specific individual or organization.

**VSC 4** – Do not knowingly prepare false returns.

**VSC 5** – Do not engage in criminal, infamous, dishonest, notoriously disgraceful conduct, or any other conduct considered to have a negative effect on the VITA/TCE programs.

**VSC 6** – Treat all taxpayers in a professional, courteous, and respectful manner.

Failure to comply with these standards could result in, but is not limited to, the following:

- Removal from all VITA/TCE programs
- Inclusion in the IRS Volunteer Registry to bar future VITA/TCE activity indefinitely
- Deactivation of your sponsoring partner's site VITA/TCE electronic filing ID number (EFIN)
- Removal of all IRS products, supplies, loaned equipment, and taxpayer information from your site
- Termination of your sponsoring organization's partnership with the IRS
- Termination of grant funds from the IRS to your sponsoring partner; and
- Referral of your conduct for potential TIGTA and criminal investigations.

TaxSlayer® is a copyrighted software program owned by Rhodes Computer Services. All screen shots that appear throughout the official Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) training materials are used with the permission of Rhodes Computer Services.

#### Confidentiality Statement:

All tax information you receive from taxpayers in your volunteer capacity is strictly confidential and should not, under any circumstances, be disclosed to unauthorized individuals.

# Intake/Interview & Quality Review

## Second Certification back up documentation:

- [IRS Publication 5838](#), VITA/TCE Intake/Interview and Quality Review Handbook
- [IRS Publication 4012](#), VITA/TCE Volunteer Resource Guide
  - Scope if our site can prepare return and what level is needed for preparing return

## Who must file: Federal information

If your filing status is...	AND at the end of 2023 you were... <sup>1</sup>	THEN file a return if your gross income was at least... <sup>2</sup>
Single	under 65	\$13,850
	65 or older	\$15,700
Married filing jointly <sup>3</sup>	under 65 (both spouses)	\$27,700
	65 or older (one spouse)	\$29,200
	65 or older (both spouses)	\$30,700
Married filing separately (see the Instructions for Form 1040)	any age	\$5
Head of household (see the Instructions for Form 1040)	under 65	\$20,800
	65 or older	\$22,650
Qualifying Surviving Spouse (see the Instructions for Form 1040)	under 65	\$27,700
	65 or older	\$29,200

### Note:

Dependent child must file their own return if income

# Required Supporting Documentation

Paperclip and place in the back of the file:

- All corresponding the income and expense documentation
- Photo ID: Valid/unexpired government issued (both filers if married)
  - Need the front and back of the photo ID or just write to document number next to each photo ID
- Social Security cards and date of birth for **EVERYONE** on the tax return, if no SSN then ITIN number, if married filing separately (not legally divorced) need DOB and SSN for spouse if you want to file electronically.

All these copies will be given back to the tax filer upon pick up of their tax return. We do not keep the copies. If the tax filer never returns to pick up, we will shred the information.





Last, First

Notes:

Checklist (Office use only)

A or B Today: \_\_\_\_\_

Location: (if not HUB) \_\_\_\_\_

Date	Int	Activity
_____	_____	<b>ALL Intake Forms &amp; Tax Info</b> completed and received
_____	_____	Taxes prepared
_____	_____	Quality review finalized

Appointment scheduled pick-up & review (5/10 minutes)

Date & Time: \_\_\_\_\_

Discuss completed tax return with customer

*Verify: direct deposit, SSN, address,  
customer signs, copy to customer*

Taxes  E-filed \_\_\_\_\_ (date)

Filed:  Paper filing by tax payer (give envelopes)

Entered into database

If an Amendment was done:

Did PEACE, Inc. prepare the original return?  Yes  No

# PEACE, Inc. & NEHDA Required Forms

## Customer's files include:

- **Checklist sticker:** front of file
- **Form 14446** - Consent for Virtual VITA (Drop-off) - *IRS requirement*
  - In-person site do not require this form
- **Form 13614-C** (yellow) - *IRS requirement for all VITA sites*
- **NYS TP-301** - *NYS Tax Department requirement for all VITA sites*
- **Direct Deposit form** - required if no voided check or bank letter
- **Supplemental Intake Form** - required by PEACE, Inc. & NEHDA
- **Customer Service Survey** - optional
- **Optional Form for free services** - optional
- Copies of corresponding paperwork along with IDs & Social Security cards of all on the tax return

# VIRTUAL VITA (drop-off or intake only)

**PEACE, Inc.,  
NEHDA, &  
1199-SEIU  
(when drop-off)**

In-person site do not  
require this form

**This page goes with the tax filer**

Form <b>14446</b> (November 2022)	Department of the Treasury - Internal Revenue Service <b>Virtual VITA/TCE Taxpayer Consent</b>
--------------------------------------	---

This form is required when any part of the tax return preparation process is completed without in-person interaction 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  
PEACE, Inc. Free Tax Prep  
Site address (street, city, state, zip code)  
1201 East Fayette Street, Suite 22  
Syracuse, NY 13210

Site identification number (SIDN) S14018462	Site coordinator name Sharon Thompson & Ralph Lyke
Site contact name Sharon Thompson & Ralph Lyke	Site contact telephone number 315.634.3756

**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.

**Date of drop-off of ALL paperwork and tax forms:**

\*\*\*\*Note to client dropping off taxes to be prepared: We will strive to finalize your tax return within two weeks after all forms are completed and tax documents are dropped off. We will call you upon completing your taxes to make an appointment to pickup your tax return. At your pick-up appointment, a tax preparer will review your tax documents with you. We are an appointment only site. Please do not arrive without an appointment or continue calling to see if your taxes are complete.

Catalog Number 60989A www.irs.gov Form 14446 (Rev. 11.2022)

**This page stays in the tax filer's folder**

**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 accuracy by an IRS employee?

Yes  No

**The question above is an audit on our site to ensure we are following procedures. This is NOT an audit on you. Please answer YES to allow or NO not to allow.**

**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@tigrta.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

**If you want your taxes completed at this drop off site, you must answer YES to the question above. Without a check in the YES box, or no answer at all, we can not prepare yer tax return. You also must sign below.**

Printed name		Printed name (spouse ONLY 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)		Signature (electronic)	
OR		OR	
Signature (type/print)		Signature (type/print)	

Catalog Number 60989A www.irs.gov Form 14446 (Rev. 11.2022)



# 13614-C

*(The Yellow Form)*

## Required

Intake/Interview & Quality Review Sheet

13614-NR (NonResident Alien)





# 13614-C Personal Information, Marital Status, and Household Information

Page 1  
Front page

Form <b>13614-C</b> (October 2023)	Department of the Treasury - Internal Revenue Service <b>Intake/Interview and Quality Review Sheet</b>					OMB Number 1545-1964							
<b>You will need:</b> <ul style="list-style-type: none"> <li>Tax Information such as Forms W-2, 1099, 1098, 1095.</li> <li>Social Security cards or ITIN letters for all persons on your tax return.</li> <li>Picture ID (such as valid driver's license) for you and your spouse.</li> </ul>			<ul style="list-style-type: none"> <li>Please complete pages 1-4 of this form.</li> <li>You are responsible for the information on your return. Please provide complete and accurate information.</li> <li>If you have questions, please ask the IRS-certified volunteer preparer.</li> </ul>										
<b>Volunteers are trained to provide high quality service and uphold the highest ethical standards.</b> <b>To report unethical behavior to the IRS, email us at <a href="mailto:wi.voltax@irs.gov">wi.voltax@irs.gov</a></b>													
<b>Part I – Your Personal Information</b> (If you are filing a joint return, enter your names in the same order as last year's return)													
1. Your first name	M.I.	Last name	Best contact number	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No									
2. Your spouse's first name	M.I.	Last name	Best contact number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No								
			b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No								
7. Your spouse's Date of Birth	8. Your spouse's job title		9. Last year, was your spouse:		a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No								
			b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No								
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure													
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="color:red;">(Loi'll Need)</span>													
12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)													
<b>Part II – Marital Status and Household Information</b>													
1. As of December 31, 2023, what was your marital status?		(This includes registered domestic partnerships, civil unions, or other formal relationships under state law)											
<input type="checkbox"/> Never Married		a. If Yes, Did you get married in 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No											
<input type="checkbox"/> Married		b. Did you live with your spouse during any part of the last six months of 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No											
<input type="checkbox"/> Divorced		Date of final decree											
<input type="checkbox"/> Legally Separated		Date of separate maintenance decree											
<input type="checkbox"/> Widowed		Year of spouse's death											
2. List the names below of:		If additional space is needed check here <input type="checkbox"/> and list on page 3											
• everyone who lived with you last year (other than your spouse)													
• anyone you supported but did not live with you last year													
<b>To be completed by a Certified Volunteer Preparer</b>													
Name (first-last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of U.S., Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/23 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	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 \$4,700 of income? (yes,no,n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					
<span style="color: red; font-weight: bold; font-size: 1.2em;">ONLY list those you can CLAIM</span>							College						
							1098-T						

# 13614-C Personal Information

- It is important that throughout each section each box is either filled in or has a check mark.
- If the taxpayer lives in an apartment make sure that the apartment number is correct . This especially important if the taxpayer is receiving a paper check.
- If the taxpayer has checked that they or their spouse is a full time student it only applies if they are in college
- If box is checked yes that taxpayer or spouse is permanently blind this will prompt you to check the box on the return for permanently blind. This is important as it gives the taxpayer a tax credit for be blind.
- If a taxpayer or spouse can be claimed by someone else remember to check the box on the tax return.
- If taxpayer checks that they or someone on their tax return has been a victim of identity theft this will prompt you to look for a Federal IdentificationPin. If client can not produce one you may proceed with the tax return but the taxpayer will need to paper file and mail in both Federal and State to the appropriate places.

# 13614-C Marital Status

- Single- Means the person has never been married
- Married- The taxpayers have a choice to either file married filing jointly or married filing separately. It is important to know if the spouses are filing separate weather they lived together for at least 6 months of the tax year. If so they must file jointly.
  - If they still want to file separately, we need to have the spouse's name, DOB, and SSN in order allow them to e-file,
  - They should know they will give up certain credits: EIC, CTC, Social Security taxed at dollar one, etc.
- Divorced or legally separated- Must have the year. If taxpayer can not remember try to at least get the year. The IRS wants this to be filled in on the form. \*Need the year
- Widowed- The year the spouse passed is important. Especially if the taxpayer has dependents.\*Need the year

# 13614-C Household Information

As you are looking over the individuals living in the household there are some key factors to look for

- Look to see that each member is not the taxpayer or the spouse. (a spouse is a spouse)
- Line F is always missed. For some reason a large number of people read over Resident of the US and only see Canada and Mexico. 9 out of 10 times this is marked wrong.
- The to be completed by a certified Volunteer Preparer must be filled out accordingly. This is important and is required by the IRS.



# 13614-C Income & Expenses Part 3, 4, and 5

Page 2  
Inside page

Page 2

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? <u>2</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment Income? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/digital assets, or other property or services for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale or exchange of stocks, bonds, digital assets or real estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Retirement income or payments from pensions, annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from rental property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, digital assets, Sch K-1, royalties, foreign income, etc.)

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions or repayments to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (B) Mortgage Interest (Form 1098)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (B) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare? <u>\$ info</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.? <u>now #</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12) <u>no they can't deduct</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit <u>disallowed</u> in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install <u>energy-efficient home items</u> ? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? <u>[Provide Form 1095-A]</u>

Catalog Number 52121E www.irs.gov Form 13614-C (Rev. 10-2023)

# Extra Form for Self- Employment

## VITA Customer Self-employment Expense Sheet

For each business, we will need a separate expense sheet. *If you run more than one business, receive more than one 1099 for different business, and/or participate with more than one ride share, you will need to complete a separate form for each business.*

*We cannot prepare your business taxes if you are a LLC or have a net business loss.*

Even if you do not receive a 1099 form, you must report all of you income/tips.

Total income/tips NOT included on 1099-NEC/K/MISC: \$ \_\_\_\_\_

Business name: \_\_\_\_\_

Business type: \_\_\_\_\_

For rideshare/delivery services: (Uber, Uber Eats, Doordash, Lyft, Instacart, Grubhub, etc.)

### Vehicle Description:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

When you put the business vehicle into Service:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Business Vehicle Mileage:** We cannot use gas receipts. The IRS requires us to use the **standard mileage rate** based on the current rate. We *cannot* deduct **actual** expenses or any "wear-and-tear" repairs of your vehicle for business use.

**Suggestion: Keep a logbook in your vehicle to track mileage**

1/1/23-12/31/23	Business Miles (work-to-work)	
1/1/23-12/31/23	Commuter Miles (Home-to-work & work-to-home)	(not required)
1/1/23-12/31/23	Other Miles (personal)	(not required)
	<b>Total</b>	

- Do you (or spouse) have another vehicle available for personal use? Yes or No
- Was your vehicle available for personal use during off-duty hours? Yes or No

updated 12/23

(please complete side 2)

### Expenses for Ride Share:

Vehicle Supplies: <i>(ride share only)</i>	\$ _____	Snacks/Refreshments: <i>(For passengers only)</i>	\$ _____
Cell Phone Plan: <i>(You cannot deduct the entire plan, if you also use it for personal)</i>	\$ _____	Tolls/Parking transponder: <i>(non-reimbursed)</i>	\$ _____
Mileage Tracking Software	\$ _____	Commission and Fees	\$ _____
Taxes and Licenses	\$ _____	Accessories/PPE: <i>(Chargers, cables, mounts)</i>	\$ _____
Other: <i>(ride share only - Car washes, first aid kit, etc.)</i>	\$ _____	Description:	

### Your Business Home Office/Day Care (Not all may qualify)

Total square footage of your home:	
Are used <b>exclusively</b> for business, for day care, or storage of inventory	
Are used <b>only partly</b> for business, for day care, or for storage of inventory	

### Expenses for Home Office/Day Care:

Office Expenses:	\$ _____	Other interest	\$ _____
Property: <i>(Rent/lease, not your home)</i>	\$ _____	Repairs and Maintenance: <i>(not vehicle)</i>	\$ _____
Advertising:	\$ _____	Health Insurance:	\$ _____
Insurance <i>(other than health)</i>	\$ _____	Legal & Professional Services	\$ _____
Equipment: <i>(Rent or lease)</i>	\$ _____		
Other: <i>(unreimbursed expenses)</i>	\$ _____	Description:	
Other: <i>(unreimbursed expenses)</i>	\$ _____	Description:	

### Day Care Facilities only:

- Was home used as a day care facility? Yes or No
- Hours used for day care per day? \_\_\_\_\_
- Days used for day care per year? \_\_\_\_\_
- Days available for day care? \_\_\_\_\_

# 13614-C Income & Expenses Part 3, 4, and 5

- Every box must be checked and not have a line drawn straight down.
- All unsure boxes must be discussed with the taxpayer and changed to either a yes or no.
- You will notice that there is either an (A) or (B). This stands for Basic or Advance. Depending on your level of Certification will depend weather you can prepare the tax return.
- Basic- Can only prepare Basic returns
- Advance- Can prepare basic and advance returns



# 13614-C Additional Information

Page 3

In this section you will find if the taxpayer wants direct deposit, would like to donate to presidential fund and statistical information. This information will be asked at the end of the tax return. These questions are important to receive funding and grants. This is how Vitia Sites run.

## Additional Information and Questions Related to the Preparation of Your Return

1. Would you like to receive written communications from the IRS in a language other than English?  Yes  No If yes, which language? \_\_\_\_\_
2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund  You  Spouse
3. If you are due a refund, would you like:  
a. Direct deposit  Yes  No *ontra forma in folder*  
b. To purchase U.S. Savings Bonds  Yes  No  
c. To split your refund between different accounts  Yes  No
4. If you have a balance due, would you like to make a payment directly from your bank account?  Yes  No
5. Did you live in an area that was declared a Federal disaster area?  Yes  No If yes, where? \_\_\_\_\_
6. Did you, or your spouse if filing jointly, receive a letter from the IRS?  Yes  No
7. Would you like information on how to vote and/or how to register to vote?  Yes  No

**Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.**

8. Would you say you can carry on a conversation in English, both understanding & speaking?  Very well  Well  Not well  Not at all  Prefer not to answer
9. Would you say you can read a newspaper or book in English?  Very well  Well  Not well  Not at all  Prefer not to answer
10. Do you or any member of your household have a disability?  Yes  No  Prefer not to answer
11. Are you or your spouse a Veteran from the U.S. Armed Forces?  Yes  No  Prefer not to answer
12. Your race?  
 American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White  Prefer not to answer
13. Your spouse's race?  
 American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White  Prefer not to answer  
 No spouse
14. Your ethnicity?  Hispanic or Latino  Not Hispanic or Latino  Prefer not to answer
15. Your spouse's ethnicity?  Hispanic or Latino  Not Hispanic or Latino  Prefer not to answer  No spouse

Additional comments \*

*Room for additional Children  
and  
Notes*

### 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



# Direct Deposit

## Direct Deposit for Refunds

If you are receiving a refund and you want it direct deposited,  
please provide the following information:

*\*\*\*If you supplied a letter from the bank or a copy of a check, owe, or would like to receive a check in the mail, you do not need to complete this form.\*\*\**

Your Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Checking Account

Savings Account:

Bank Routing #: (9 digits) \_\_\_\_\_

Account #: \_\_\_\_\_

Revised 10/23

# 13614-C Additional Information

In this section you will find if the taxpayer wants direct deposit, would like to donate to presidential fund and statistical information. This information will be asked at the end of the tax return. These questions are important to receive funding and grants. This is how Vitia Sites run.

I know that this was a lot of information all at once so does anyone have any Questions about the 13614-C?





# 13614-C

## Signatures

Page 4 Backpage

Shown as Form 15080

Allowing us maintain their information for further review at other VITA sites.

Department of the Treasury - Internal Revenue Service	
Form <b>15080</b> (October 2023)	<b>Consent to Disclose Tax Return Information to VITA/TCE Tax Preparation Sites</b>
<b>Federal Disclosure:</b> 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.	
<b>Terms:</b> 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, 2025.  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.	
<b>Limitation on the Duration of Consent:</b> 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, 2025). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.	
<b>Limitation on the Scope of Disclosure:</b> 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.	
<b>Consent:</b> 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) ( <a href="https://www.tigta.gov/reportcrime-misconduct">https://www.tigta.gov/reportcrime-misconduct</a> ).	
Catalog Number 39573K	www.irs.gov
Form <b>15080</b> (Rev. 10-2023)	



Name		Date	
County		Town	
<b>New York State (answer questions 1-29)</b>			
1.	Was your recomputed federal adjusted gross income plus New York additions more than \$4,000 (\$3,100 if you are single and can be claimed as a dependent on another taxpayer's federal return)? <i>Did you earn over \$4000 in 2023?</i>	Yes	No
2.	Was your <b>only</b> source of income Social Security benefits?		
3.	Did you purchase taxable property or services for use in New York State without paying sales and use tax at the time of purchase? (line 59 on Form IT-201 or line 56 on Form IT-203 – do not leave blank)		
4.	Do you keep records of all your income, expenses, and deductions?		
5.	Were you (and your spouse if filing a joint return) a <b>New York State resident for the entire tax year?</b> (If No, skip to question 9.) <i>Also if no timeline of when lived when lived 08/23</i>		
<b>Credits</b>			
6.	Did you pay child support through the NYS support collection unit for at least one-half of the year? (IT-209)		
7.	Were you (or your spouse if filing a joint return) an active volunteer firefighter or ambulance worker for the entire tax year? (IT-245)		
8.	Was your total household income (all individuals living with you) <b>\$18,000 or less?</b> (IT-214)		
9.	Did you pay undergraduate college tuition expenses by cash, check, credit card, or with borrowed funds, for yourself, your spouse, or your dependent(s)? <b>Note:</b> This does not include scholarships or other types of financial aid that are not required to be repaid. (IT-272 or IT-203-B)		
10.	Did you pay nursing home expenses (special assessment) during the tax year? (IT-258)		
11.	Did you pay long-term care insurance premiums during the tax year? (IT-249)		
12.	Was any of your income taxed by another state or local government (IT-112-R) or did you pay taxes to a province of Canada? (IT-112-C)?		
13.	Do you use clean fuel oil (biofuel) for residential heating? (IT-241)		
14.	Did you purchase or lease solar energy system equipment and install it at your principal residence during the tax year? (IT-255)		
15.	Did you purchase or lease a geothermal system that was placed in service at your residence during the year? (IT-267)		
16.	Did you own and live in NYS real property for more than 6 months, receive the STAR credit or exemption, and pay real property taxes? (IT-229)		
17.	Did you receive the Homeowner's Tax Rebate? (IT-229 and IT-196)		
<b>Modifications (additions and subtractions)</b>			
18.	Did you contribute to the NYS retirement system or NYC flexible benefits program during the tax year? (shown in box 14 on your W-2 as 414(h) or IRC 125)?		
19.	Did you make contributions to a NYS 529 College Savings Plan during the tax year?		
20.	Did you receive interest on U.S. government bonds during the tax year?		
21.	Did you (or your spouse if filing a joint return) receive a pension or other distribution from a <b>New York State, local government,</b> or federal government pension plan?		
22.	Did you (or your spouse if filing a joint return) receive a pension or other distribution that was <b>not</b> from a New York State, local government, or federal government pension plan?		
23.	If you answered <b>Yes</b> to question 22, was the person who received the pension 59½ or older during the tax year?		
24.	Did you receive pension payments as a <b>beneficiary</b> of a pension plan?		

# TP-301 New York State Required

<b>Modifications (additions and subtractions) (continued)</b>		Yes	No	Unsure
25.	If you answered <b>Yes</b> to question 24, what share of that pension did you receive?			
26.	Did you (or your spouse if filing a joint return) receive disability income during the tax year? (IT-221)			
27.	Did you repay any amount of income received in a prior year that was previously included in New York adjusted gross income (for example, if you were overpaid unemployment income last year and had to repay a portion this year that did not reduce this year's unemployment income)? (IT-225, S-141; IT-196, line 24 or 34; or IT-257)			
28.	Did you receive a healthcare and mental hygiene worker's bonus?			
29.	Do you have a student loan forgiveness award from Higher Education Service Corporation (HESC) student loan?			
<b>If you did not live or work in New York City or Yonkers. STOP here</b>				
<b>New York City ONLY</b>				
30.	Were you (or your spouse if filing a joint return) a New York City resident for any part of the tax year?	Yes	No	Unsure
31.	If you answered <b>Yes</b> to question 30, how many months did you (and your spouse if filing a joint return) live in New York City during the tax year?	You	Spouse	
32.	Did you (or your spouse if filing a joint return) maintain living quarters (a residence) in New York City during the tax year?			
33.	If you answered <b>Yes</b> to question 32, how many days did you (and your spouse if filing a joint return) spend in New York City during the tax year?	You	Spouse	
34.	Does your W-2 (box 14) show an amount that was deducted or deferred from your salary under a benefit program established by New York City public employers on your behalf?			
<b>Yonkers ONLY</b>				
35.	Were you (or your spouse if filing a joint return) a Yonkers resident for any part of the tax year?	Yes	No	Unsure
36.	If you answered <b>Yes</b> to question 35, how many months did you (and your spouse if filing a joint return) live in Yonkers during the tax year?	You	Spouse	
37.	Did you earn income (self-employment or wages) from a source located in Yonkers?			

Additional notes:

Great place to put the timeline if they lived in other states they received income from.

# Supplemental Intake Form Required for NEHDA & PEACE, Inc.

Required information for our funders and to get their tax done at our program. This information is **NOT** shared with the IRS.



2023 Income Tax Return Year *Required*  
**Free Tax Prep - Supplemental Intake Form**

*This is a required questionnaire to collect demographic data that helps us continue funding for this FREE service.*

Today's Date: \_\_\_\_\_ **MUST answer ALL questions. Information is NOT Shared with the IRS.**

First Name		Last Name		DOB
Gender	<input type="checkbox"/> Male	Email	Phone Number (Daytime)	
	<input type="checkbox"/> Female <input type="checkbox"/> Non-binary			
Race	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	
	<input type="checkbox"/> White	<input type="checkbox"/> Bi-racial/Multi-racial	<input type="checkbox"/> Other	
	<input type="checkbox"/> Asian			
Hispanic or Latino		<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language:		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (please list)		
Military Status		<input type="checkbox"/> Active Military <input type="checkbox"/> Veteran <input type="checkbox"/> Never	Receiving SNAP <input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Insurance (Check all that apply for your family)		<input type="checkbox"/> None	<input type="checkbox"/> Medicaid (Income based)	<input type="checkbox"/> State Health Insurance for Adults (Exchange/Marketplace)
		<input type="checkbox"/> Employer Based	<input type="checkbox"/> Medicare (seniors/disabled)	<input type="checkbox"/> State Children's Health Insurance
Highest Level of Education	<input type="checkbox"/> 0-8th grade	<input type="checkbox"/> 9-12th/Non-Graduate	<input type="checkbox"/> 12+ Some Post-Secondary (Trade School)	<input type="checkbox"/> Some college (but no degree)
	<input type="checkbox"/> GED	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Graduate of Post-Secondary School (Trade School)	<input type="checkbox"/> College graduate: (2 yr, 4 yr, or Graduate Degree)
Work Status (Check all that apply)	<input type="checkbox"/> Employed Full-time	<input type="checkbox"/> Employed Part-time	<input type="checkbox"/> Unemployed (Not in Workforce)	<input type="checkbox"/> Retired
			<input type="checkbox"/> Unemployed (Less than 6 Months)	<input type="checkbox"/> Migrant/Seasonal Worker
			<input type="checkbox"/> Unemployed (More than 6 months)	
County			School District	
Family Size	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more			
Family Household Type	<input type="checkbox"/> Single Person		<input type="checkbox"/> Single Parent Female (with child/children)	<input type="checkbox"/> Two or More Adults (No children)
	<input type="checkbox"/> Two Parents		<input type="checkbox"/> Single Parent Male (with child/children)	<input type="checkbox"/> Other
Family Housing Type	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Temporary Housing	<input type="checkbox"/> Homeless
			<input type="checkbox"/> Other Permanent Housing	<input type="checkbox"/> SHA <input type="checkbox"/> Other
Marital Status (as of 12/31/23)	<input type="checkbox"/> Single		<input type="checkbox"/> Married	<input type="checkbox"/> Legally Separated
	<input type="checkbox"/> Divorced		<input type="checkbox"/> Married (living separately)	<input type="checkbox"/> Widow(er)
If married, are you filing jointly with your spouse <input type="checkbox"/> Yes <input type="checkbox"/> No				
Would you like to volunteer at our Free Tax Prep program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
***** PREPARER USE ONLY ***** PREPARER USE ONLY ***** PREPARER USE ONLY *****				
2023 Total Household Income: \$ _____ <input type="checkbox"/> EIC received <input type="checkbox"/> CTC received				



# Optional Forms



Optional

By completing this survey, you help us continue to provide and improve this program. Thank you!

1. Do you have a permanent address?
  - a. If yes, what is your zip code? \_\_\_\_\_
  - b. If no, please provide the zip code you are using to file taxes: \_\_\_\_\_
2. What is your household income?
  - a. No income – filing for tax credits or other reasons
  - b. >\$0 - \$13,500
  - c. \$13,501 - \$27,000
  - d. \$27,001 - \$40,500
  - e. \$40,501 - \$64,000
  - f. \$64,001+
3. If this service was not available, how would you file your taxes?
  - a. Would not file
  - b. Would prepare myself/use an online program
  - c. Pay a preparer
  - d. None of these: \_\_\_\_\_
  - e. Prefer not to answer
4. Is this your first time using this service?  YES  NO
  - a. If yes, how did you hear about this service?
    - i. From friends/family/coworkers
    - ii. Billboard
    - iii. Social media
    - iv. 211
    - v. Flyer
    - vi. None of these options: \_\_\_\_\_
    - vii. Prefer not to answer
  - b. If no, how many years have you utilized this service? \_\_\_\_\_
5. Do you plan to use this service again next year?  YES  NO
6. Would you recommend this service to another person?  YES  NO

The site was clean and organized:  Agree  Neutral  Disagree

I was treated with respect:  Agree  Neutral  Disagree

My information was kept private:  Yes  No

Do you feel confident about having your taxes done at this site?:  Yes  No

How long did you have to wait in the office for your appointment to begin?

- a. Less than 15 minutes
- b. 15 minutes – 30 minutes
- c. 30 minutes to 1 hour
- d. More than an hour

Please write any comments you have about the services you received here:

---

---

Will you use your refund to achieve any financial goals?  YES  NO

If yes, please check all that apply. If no, please leave blank.

Pay down/off:  Medical bills  Utility bills  Credit cards  Rent/Mortgage  Student loans  Car loans  Property tax

Save for:  Buying a car  Home repairs/improvements  Emergency fund  Buying a home



## OPTIONAL REFERRAL FORM:

Onondaga County has several free programs/services to help people in the community. If you would like to be referred or contacted by other free services, please fill out the form below. Thank you!

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

Phone number you can be reached at: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

If you do not have access to a personal phone or email, is there another way you can be reached? (case manager, shelter, etc.): \_\_\_\_\_

What services would you like to be contacted by?

(Please note, these are all free, community-based services. We will never share your information with for-profit or non-local agencies)

- Help navigating health insurance
- Financial Counseling/Debt Reduction
- Assistance getting registered to vote
- Help finding childcare
- Help finding job training
- Child Development Assessments
- Free diapers
- Free children's books
- Free baby formula



Get Connected. Get Help.™

Need help? Dial 2-1-1

Or visit [www.211cny.com](http://www.211cny.com) for a complete list of services

Last, First

Notes:

Example:

- Timeline and addresses if they resided and received income from other states
- Clarification on questions
- Spouse filing: Injured spouse
- Follow up and communications with the tax filer
  - 2/8 LM for pick up
  - 2/15 LM again for pick up

**Checklist** (Office use only)

**A** or **B** **Today:** \_\_\_\_\_

**Location:** (if not HUB) \_\_\_\_\_

Date	Int	Activity
_____	_____	<b>ALL Intake Forms &amp; Tax Info</b> completed and received
_____	_____	Taxes <b>prepared</b>
_____	_____	Quality review finalized

**Appointment scheduled** *pick-up & review (5/10 minutes)*  
Date & Time: \_\_\_\_\_

**Discuss completed tax return with customer**  
*Verify: direct deposit, SSN, address, customer signs, copy to customer*

Taxes  E-filed \_\_\_\_\_ (date)

Filed:  Paper filing by tax payer *(give envelopes)*

Entered into database

**If an Amendment was done:**  
Did PEACE, Inc. prepare the original return?  Yes  No

**Quality review**

is a second set of eye on the tax return

- Must be of equal or higher level to review
- Must be a different person than the original preparer, never the same person

# OPI - Over the Phone Interpreter Service

**Mission** To assist Limited English Proficient (LEP) taxpayers with complying with their federal tax obligation by preparing their tax returns accurately, the IRS organization is now offering translation interpreter services at every VITA/TCE return preparation site.

- A OPI number is assigned to sites who's site coordinator has passed the certification and stated they would like to utilize the service.
- OPI offers real-time interpretation services to assist with:
  - Appointment scheduling
  - Intake/interview process
  - Questions
  - Resolving rejected returns
  - Review of the tax return
- Contact may be in person or over the phone
  - Tips:
    - If in person maintain eye contact with the taxpayer
    - Observe body language
    - Speak slowly and have patience with the taxpayer
    - Remember your conversation is with the taxpayer and not the interpreter.
      - However, not all cultures may not have the same meanings as on the forms. You may need to work with the interpreter to decipher
    - Keep the taxpayer engaged.



# OPI Available Languages – Publication 5633

Acateco	Creole	Hiligaynon	Lebanese Arabic	Quechua	Telugu
Albanian	Croatian	Hindi	Lingala	Quichua, Canar Highland	Thai
Amharic	Czech	Hmong	Lusoga	Quichua, Chimborazo Highland	Tigrinya
Arabic	Dari/Farsi	Hmong Daw	Macedonian	Quichua, Salasaca Highland	Tosk Albanian
Aramaic	Dzongkha	Hunan	Malayalam	Romanian	Turkish
Armenian	Farsi - Afghani - Dari	Hungarian	Mandarin	Russian	Twi
Armenian, Western	Fijian Hindi	Ilongo	Marathi	Rwanda	Uighur
Assyrian	French	Indonesian	Maymay	Serbian	Ukrainian
Azerbaijani	French Canadian	Iranian Farsi / Persian	Mien	Serbo-Croatian	Urdu
Bengali	Fukienese	Japanese	Mixtec	Shanghai	Uzbek
Bhutanese	Georgian	Karen Segaw	Moldovan	Sinhalese	Vietnamese
Bosnian	German	Khmer/Cambodian	Mongolian	Somali	Visayan
Bravanese	Gheg Albanian	Kikuyu	Montenegrin	Sorani	Wolof
Bulgarian	Gorani	Kinyarwanda	Nepali	Spanish	Yiddish
Burmese	Greek	Kirundi	North African Arabic	Sri Lankan Tamil	Yombe
Cambodian/Khmer	Gujarati	Kisi Southern	Pashto	Swahili	
Cantonese	Hakka (Chinese)	Korean	Polish	Szechuan	
Cebuano	Haryarvi	Krio	Portuguese	Tagalog	
Cha-Chao	Hausa	Kurdish	Punjabi	Taiwanese	
Chaldean	Hebrew	Lao	Q'anjob'al	Tamil	

# Required Call Log

- Must be turned into the VITA Site Coordinator by each Sunday
  - If your site does not use it, please just send an email that you did not need to utilize OPI
- Site Coordinator is required to send it to our IRS SPEC person by Noon each Monday, even if we do not utilize it

## Weekly SPEC OPI Usage Log

SIDN	Site Name	Volunteer Caller Name	Call Date	Time Zone	Call Start Time	Duration (Minutes)	Language	Caller Phone No.	Interpreter No.	Usage/Comments

**Time Zone**  
Select time zone where the call was made.



Time Zone

Enter Time

Enter Call Length

Enter Language

Time Zone	Call Start Time	Duration (Minutes)	Language

**Time Zone**  
Select time zone where the call was made.

Enter Caller  
Phone Number



Write  
comments



Caller Phone No.	Interpreter No.	Usage/Comments

Enter  
Interpreter's  
ID #



## Comment Examples:

- Taxpayer did not have all information.
- Return out of scope.
- Call dropped, had to call back.
- Time to connect with interpreter was too long.

# What's next?

- Take your certifications
  - Standards of conduct
  - Intake/Interview & Quality Reviewer
- Contact the VITA site where you want to volunteer
  - Schedule your days/hours
  - Get specifics for that location
- Want to prepare taxes?
  - Join us for Basic Certification Training
  - [Training Schedule](https://peace-caa.org/programs/taxes/taxes-training/) & Materials are on the website  
[peace-caa.org/programs/taxes/taxes-training/](https://peace-caa.org/programs/taxes/taxes-training/)

Thank you!