

# 2026 Tax Season

# Ethics & Intake

(2025 tax returns)

# What is VITA

## Volunteer Income Tax Assistance

- IRS is a national volunteer program where volunteers prepare free tax returns for low to moderate income clients
- Trained and certify in maintaining confidentiality and tax preparation
- Average client income at PEACE, Inc. VITA: \$25,000
- Saving clients an average of about \$325 (low for our area)
- Rewarding experience for clients and volunteers win-win
- **Mission:** To prevent anyone with a simple return and limited income from spending unnecessary money on a prepare

# Eligibility for the 2026 Tax Season

## Volunteer Income Tax Assistance Preparation:

- **Total household** Income lower than \$69,000
- Priority to those living in Onondaga County
- Not in Onondaga County?

[Use the IRS VITA Site Locator](#)

or

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

MY  
**FREE**  
**TAXES**

Self-prepare  
total income  
of \$89,000

# What to expect as a tax prep volunteer:

- Due Diligence
- Legal protections for volunteers
- Rewarding experience for clients and volunteers

# 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
  - Affidavit of Volunteers Services
    - Credit for in-kind hours for grants
    - Community investment



Updated 8-8-12

**Monthly Affidavit of Volunteer Services**Program Site: Free Tax Prep

<b>VOLUNTEER INFORMATION</b>					<b>Check one of the following:</b>																			
Volunteer Name: _____					<input type="checkbox"/> NAC Member <input type="checkbox"/> Office Support <input type="checkbox"/> Other/Professional																			
Address: _____					Profession: _____ Hourly Rate: \$ _____ per hour																			
City/State/Zip: _____					Description of Volunteer Work: _____																			
<input type="checkbox"/> Low-Income Volunteer's Signature: _____																								
Does volunteering make you feel more connected to your community? <input type="checkbox"/> Yes <input type="checkbox"/> No																								
<b>Week 1</b>																								
<b>TIMESHEET</b>					<b>BREAKDOWN OF HOURS BY TYPE OF VOLUNTEER SERVICE</b>																			
Su	M	Tu	W	Th	1/1/26	1/2/26	1/3/26	Council/NAC Meeting	Prog./Off. Support	Trans.	Special Prog.	Comm. Invol.	Food Serv.	Prof. or Other										
<b>Week 2</b>																								
Su	M	Tu	W	Th	1/4/26	1/5/26	1/6/26	1/7/26	1/8/26	1/9/26	1/10/26	<b>TIMESHEET</b>			<b>BREAKDOWN</b>									
												Date	MM/DD/YY	Time In	Time Out	Break	TOTAL	Council/NAC Meeting	Prog./Off. Support	Trans.	Special Prog.	Comm. Invol.	Food Serv.	Prof. or Other
<b>Week 3</b>																								
Su	M	Tu	W	Th	1/25/26	1/26/26	1/27/26	1/28/26	1/29/26	1/30/26	1/31/26	<b>TIMESHEET</b>			<b>BREAKDOWN</b>									
												Date	MM/DD/YY	Time In	Time Out	Break	TOTAL	Council/NAC Meeting	Prog./Off. Support	Trans.	Special Prog.	Comm. Invol.	Food Serv.	Prof. or Other
<b>Week 4</b>																								
MONTHLY TOTAL:											Must = <input type="checkbox"/>			Breakdown Total										
Supervisor's Signature: _____											Position/Title: _____			Date: _____										
Volunteer Hours for the Month of: _____																								

# Certifications: The Process

- In the search bar use the link for [Link Learn Taxes Certification](http://linklearncertification.com)  
*(linklearncertification.com)*
  - 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 certifications. Verify your email address
    - *Password must contain a minimum of 15 and maximum of 25 characters at least 1 Uppercase Alphabet, 1 Lowercase Alphabet, 1 Number and 1 Special Character (@\$!%\*?&)*
  - Exams are online, open book, and not timed
  - Certification process may make it seem more complicated than it actually is
- **Standards of Conduct**
  - Required by everyone
- **Intake/Interview & Quality Review and Basic**
  - Required by all intake/Interviewers and Basic tax preparers
  - *Intake only - you will not need to do the practice labs of the Basic exam (7-9)*
- **Intake/Interview & Quality Review and Advance**
  - Required by all intake/Interviewers
  - Required by all preparing Advance Tax Returns
  - Good to also take the Basic exam as practice/most returns are Basic

# Test Answer Sheet

## Test Answer Sheet

Name \_\_\_\_\_

If you are entering your test answers in Link & Learn Taxes, do not use this answer sheet.

Find the section heading that matches the test you are taking. Record your answers in the spaces, next to the question number in the left-hand column. Use this only if you are submitting the paper test to your instructor for grading. In that case, record all your answers on this tear-out page. Your instructor will tell you where to send your Test Answer Sheet for grading. Be sure to complete and sign Form 13615, Volunteer Standards of Conduct Agreement.

### Standards of Conduct

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Total Answers Correct: \_\_\_\_\_

Total Questions: 10

Passing Score: 8 of 10

### Intake/ Interview and Quality Review Test

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Total Answers Correct: \_\_\_\_\_

Total Questions: 10

Passing Score: 8 of 10

### Site Coordinator Test

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.

Total Answers Correct: \_\_\_\_\_

Total Questions: 15

Passing Score: 12 of 15

### Military Course Test

Military Scenario 1
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.

Total Answers Correct: \_\_\_\_\_

Total Questions: 15

Passing Score: 12 of 15

### Basic Course Test

Basic Scenario 1
20.
21.
22.
23.
24.
Basic Scenario 3
5.
6.
Basic Scenario 4
7.
8.
Basic Scenario 5
9.
10.
Basic Scenario 6
11.
12.
13.
Basic Scenario 7
14.
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.
25.
26.
27.
28.
29.
30.

### Basic Course Test

Basic Scenario 8
20.
21.
22.
23.
24.
Basic Scenario 9
25.
26.
27.
28.
29.
30.

### Advanced Course Test

Advanced Scenario 1
1.
2.
3.
Advanced Scenario 2
4.
5.
Advanced Scenario 3
6.
7.
Advanced Scenario 4
8.
9.
Advanced Scenario 5
10.
Advanced Scenario 6
11.
12.
Advanced Scenario 7
13.
14.

### Advanced Course Test

Advanced Scenario 7
15.
16.
17.
18.
19.
20.
21.
22.
Advanced Scenario 8
23.
24.
25.
26.
27.
28.
29.
Advanced Scenario 9
30.
31.
32.
33.
34.
35.

## Volunteer Standards of Conduct Test

It is important that all individuals who volunteer their time and services in the VITA/TCE program understand their roles and responsibilities under the program. All volunteers must:

### Volunteer Standards of Conduct Retest Questions

#### Directions

Using your resource materials, answer the following questions:

1. Which volunteers must pass the Volunteer Standards of Conduct (VSC) certification test?

2026 Tax Season

# Standard of Conduct

## Certification



# 6744

VITA/TCE Volunteer Assistor's Test/Retest  
Volunteer Income Tax Assistance (VITA) / Tax Counseling for the Elderly (TCE)

2025 RETURNS

Required certification for **ALL** volunteers.

Back up documentation:

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

## 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](#) ([www.irs.gov/pub/irs-pdf/f13615.pdf](http://www.irs.gov/pub/irs-pdf/f13615.pdf)), prior to volunteering at a VITA/TCE site. In addition, return preparers, quality reviewers, coordinators, client facilitators 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, using government-issued photo identification, 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 help or use the information you gained about them (taxpayer information) 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:

- Your 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 identification 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

# Ethics - Standards of Conduct

- Not adhering to ethics can mean being barred from VITA sites for life
- No tips allowed
- Volunteers can't use their own bank accounts for clients' direct deposit
- Cannot use client's personal info to solicit business
- Unethical conduct not caught by a quality reviewer does not put the quality review at fault
- Site coordinator must report ethical violations to the IRS
- Cannot self quality review (second set of eyes are required/no matter what)
- Cannot prepare a return knowing info is false

# 2026 Tax Season Intake & Interviewing

# Intake/Interview & Quality Review

Second Certification back up documentation:

- IRS Publication 4012, VITA/TCE Volunteer Resource Guide
  - Scope of what a VITA site can prepare and what level is needed for preparing return
- IRS Publication 5838, VITA/TCE Intake/Interview and Quality Review Handbook

Who must file: Federal information

If your filing status is...	AND at the end of 2025 you were... <sup>1</sup>	THEN file a return if your gross income was at least... <sup>2</sup>
Single	under 65	\$15,000
	65 or older	\$17,000
Married filing jointly <sup>3</sup>	under 65 (both spouses)	\$30,000
	65 or older (one spouse)	\$31,600
	65 or older (both spouses)	\$33,200
Married filing separately (see the Instructions for Form 1040)	any age	\$5
Head of household (see the Instructions for Form 1040)	under 65	\$22,500
	65 or older	\$24,500
Qualifying Surviving Spouse (see the Instructions for Form 1040)	under 65	\$30,000
	65 or older	\$31,600

**Note:**  
Dependent child  
must file their  
own return if  
income

## Chart D – Who Should File

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**Even if a taxpayer is not required to file a federal income tax return, they should file if any of the following situations below apply.**

1. You had income tax withheld from your pay, pension, Social Security or other income.
2. You made estimated tax payments for the year or had any of your overpayment from last year's tax return applied to this year's taxes.
3. You qualify for the earned income credit. See Publication 596, Earned Income Credit (EIC), for more information.
4. You qualify for the additional child tax credit. See the Instructions for Schedule 8812, Credits for Qualifying Children and Other Dependents.
5. You qualify for a refundable American opportunity credit.
6. You qualify for the premium tax credit.
7. You receive a 1099-B, Proceeds From Broker and Barter Exchange Transactions, and the gross proceeds plus other income exceeds the filing limits in Chart A.
8. You receive a 1099-DA, Digital Asset Proceeds From Broker Transactions, and the gross proceeds plus other income exceeds the filing limits in Chart A (Out of Scope).
9. You receive Form 1099-S, Proceeds From Real Estate Transactions.
10. You are required to file a state return.
11. You qualify for the refundable credit for prior year minimum tax. See Form 8801, Credit for Prior Year Minimum Tax — Individuals, Estates, and Trusts (Out of Scope).
12. You qualify to file Form 4136, Credit for Federal Tax Paid on Fuels (Out of Scope).

# Client File: EVERY Tax return must have a file

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

Last, First

For Office Use Only **CHECKLIST** Referrals:  Requested  Copied

<b>Today's Date:</b> _____		<b>A</b> or <b>B</b>
<b>Off-Site Location:</b> <input type="checkbox"/> Drop-off <input type="checkbox"/> In-Person		
<b>Date</b>	<b>Int</b>	<b>ACTIVITY</b>
<b>ALL</b> In-Take Forms & Tax Info COMPLETED/RECEIVED & ready for tax prep		
Taxes <b>PREPARED</b>		
<input type="checkbox"/> Client pulled forward in TaxSlayer from a previous year		
<b>AGI</b>	<b>EIC</b>	<b>CTC</b>
Quality <b>REVIEWED</b>		
Appointment scheduled (pick-up is about 5/10 minutes)		
Date & Time:		
DISCUSS completed tax return w/client(s) & INSIDE FOLDER Reviewers <b>MUST</b> complete checklist while client is with you		
<input type="checkbox"/> Financial Coaching received		
VERIFY info w/client, name, address, SSN, deposit, client(s) signs & receives copy		
<b>AMENDMENT:</b> (only answer if this is one) <input type="checkbox"/> Yes Did PEACE, Inc. prepare the original return? <input type="checkbox"/> No (count prep)		
<b>TAXES</b>	<b>E-FILED</b>	Date: _____ Int: _____
<b>FILED:</b>	<b>PAPER FILING</b> by tax filer - give envelope(s)	

# Inside Folder:

Ignore it.  
Only those  
who are  
reviewing a tax  
return with tax  
filer need to fill  
this out

\*\*\*For Office Use Only\*\*\*

## Free Tax Prep Client Folder Review

Please place forms, that are to be kept in the file, in the order below  
All boxes must be checked or marked NA (not applicable)

Check/ NA	Checklist
	Photo ID(s) - originals were viewed for the Taxpayer(s) (& spouse, if applicable) Copies given back to client
	Social Security Card(s) - originals were viewed for everyone on the tax return. Copies given back to client
	Direct Deposit Form (half-sheet) If completed and in the folder, it must be pulled and given back to the client or shredded. If blank, it can stay in the folder.
	Customer Feedback/Survey: If completed, pull it from folder for anonymous feedback. Put in basket/folder for system entry. If blank, it can stay in the folder.
	Front sticker completed in all areas
	Mark NA if information does not apply

Keep: IRS Form 13614-C Intake Sheet completed  
\*\*\*Form remains in the folder – Do not give to the client(s)\*\*\*  
Keep: IRS Form 15080 signed by client(s) Located on the back of the 13614-C. If not signed, we cannot e-file the tax return.

Keep: PEACE, Inc. Supplemental Form  
All boxes must be completed  
\*\*\*Form remains in the folder – Do not give to the client(s)\*\*\*

Keep: NYS TP-301 Worksheet completed Front and back  
\*\*\*Form remains in the folder – Do not give to the client(s)\*\*\*

Keep: IRS Form 14446 Virtual VITA Taxpayer Consent  
Mark NA if in-person tax prep. Must complete if drop-off or if the paperwork has been removed from an in-person site for completion back at HUB.  
\*\*\*Form remains in the folder – Do not give to the client(s)\*\*\*

Signature of person discussing the tax return with client \_\_\_\_\_

Date \_\_\_\_\_

File out  
by QA  
Upon review  
of taxes  
by Client

# PEACE, Inc. Required Forms

Customer's files include:

- **Checklist sticker:** front of file
- **Stapled packet**
  - **Direct Deposit form** - required if no voided check/bank letter
  - **Supplemental Intake Form**
  - **NYS TP-301** (2 pages) - NYS Tax Department *requirement*
  - **Customer Feedback Survey** - optional
- **Form 13614-C** (yellow) - *IRS requirement / Green is in Spanish*
- **Form 14446** - Consent for Virtual VITA (Drop-off) - *IRS requirement*
  - In-person site do not require this form (*shouldn't be in the packet*)
- Copies of....corresponding documents, valid unexpired government IDs (age over 18), and & Social Security cards of all on the tax return

# Acceptable Photo ID

Valid, Unexpired, Government Issued  
State Driver's/Non-Driver's License, Passport (not a Passport card),  
Green card, or Employment Authorization Card.



## Exception to not showing ID:

- Only the Site Coordinator can approve someone not showing ID
- Tax filer is known to the site

**REQUIRED for EVERYONE\*** on the  
Tax Return:

- Original Social Security Card
- NOT a copy
- Not just the number

# Unacceptable Photo ID

Expired, Government Issued IDs, Passport Card, Sheriff's ID, Benefit Card, Work ID, along with others that may not be shown here



123  
**VOLUNTEER**

# Required Supporting Documentation

Paperclip or staple and place in the back of the file behind the completed forms.

- **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.
- **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
- **All corresponding income and expense documentation**

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.



# ITINS: (Individual Tax Identity Number)

- Certain U.S. residents have ITINs instead of SSNs
  - Those not eligible for an SSN have ITINs instead
  - Acts essentially the same as an SSN for tax preparation purposes

# Direct Deposit Required

**Welcome to PEACE, Inc. Free Tax Prep**

We are here to prepare and e-file your tax return for FREE. From February to April 15<sup>th</sup>, we prepare 2025 tax returns only. Just a reminder that your total household income must be \$69,000 or less to qualify for the service.

Enclosed in this folder is a packet of required information that needs to be filled out. Be sure to answer all questions. Do not leave items blank.

Completely fill out the following forms.

This stapled packet includes:

- Direct deposit information\* (below) - Required
- Supplemental Intake Form - Required
- New York State TP-301 (2 pages) - Required
- Customer Feedback - optional

13614-C Intake/Interview & Quality Review Sheet (yellow - English/green-Spanish) - Required

- Complete page one (personal information)
- Inside pages 2-3 - complete the left side only
- Sign the back page

14446 - Virtual Taxpayer Consent - Required if a drop-off site (most of our sites)

- You must sign the second page to allow us to prepare your taxes without you being present.

**\*ALERT NEW IRS REGULATION as of September 30, 2025**

The IRS is phasing out paper checks. If you do not provide direct deposit information prior to e-filing, your refund could be held up for an additional 45 days. The IRS will send you a letter to have you provide this information. It is best to give banking, prepaid debit card, or digital wallet (Venmo, CashApp, PayPal) information prior to e-filing to receive your tax return without delay.

**Required**

## Direct Deposit Information

\*\*If you supplied a letter from the bank or a copy of a check for us to copy, you do not need to complete this form.\*\*

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

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

Checking Account  Savings Account

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

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

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

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

Checking Account  Savings Account

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

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

Revised 12/25

**\*ALERT NEW IRS REGULATION as of September 30, 2025**

The IRS is phasing out paper checks. If you do not provide direct deposit information prior to e-filing, your refund could be held up for an additional 45 days. The IRS will send you a letter to have you provide this information. It is best to give banking, prepaid debit card, or digital wallet (Venmo, CashApp, PayPal) information prior to e-filing to receive your tax return without delay.

*Required*

## Direct Deposit Information

\*\*\*If you supplied a letter from the bank or a copy of a check for us to copy, you do not need to complete this form.\*\*\*

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

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

Checking Account

Savings Account:

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

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

Revised 12/25

Note: Tax filer can deposit into two or more accounts using Form 8888 in the tax return

# Supplemental Intake Form - Required

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

For Office Use Only		CHECKLIST	Referrals: <input type="checkbox"/> Requested <input type="checkbox"/> Copied
Today's Date:		A or B	
Off-Site Location:			
<input type="checkbox"/> Drop-off		<input type="checkbox"/> In-Person	
Date	Int	ACTIVITY	
ALL In-Take Forms & Tax Info			
COMPLETED/RECEIVED & ready for tax prep			
Taxes PREPARED			
<input type="checkbox"/> Client pulled forward in TaxGlayer from a previous year			
AGI		<input type="checkbox"/> EIC	<input type="checkbox"/> CTC
Quality REVIEWED			
Appointment scheduled (pick-up is about 5/10 minutes)			
Date & Time:			
DISCUSS completed tax return w/client(s) & INSIDE FOLDER Reviewers MUST complete checklist while client is with you			
<input type="checkbox"/> Financial Coaching received			
VERIFY info w/client: name, address, SSN, deposit, client(s) signs & receives copy			
AMENDMENT: (only answer if this is one) <input type="checkbox"/> Yes			
Did PEACE, Inc. prepare the original return? <input type="checkbox"/> Yes <input type="checkbox"/> No (count prep)			
TAXES <input type="checkbox"/> E-FILED Date: _____ Int: _____			
FILED: <input type="checkbox"/> PAPER FILING by tax filer: give envelope(s)			

*Required*

**PEACE INC**  
EMPOWERING PEOPLE TO THRIVE | EST. 1968

**2026 Free Tax Prep - Supplemental Intake Form**

This is a required questionnaire used to collect demographic data that helps us continue funding for this **FREE** service. **MUST** answer ALL questions. Information is **NOT** shared with the IRS.

Today's Date: \_\_\_\_\_

First Name	Last Name	Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer	Email	Phone Number (Daytime)
		Is this a cell? <input type="checkbox"/> Yes <input type="checkbox"/> No Can we text you about your taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race	<input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Bi-racial/Multi-racial	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other
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"/> Employer Based <input type="checkbox"/> Military Health Care	<input type="checkbox"/> Medicaid (Income based) <input type="checkbox"/> Medicare (seniors/disabled)	<input type="checkbox"/> State Health Insurance for Adults (Exchange/Marketplace) <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"/> GED <input type="checkbox"/> High School Graduate	<input type="checkbox"/> 12+ Some Post-Secondary (Trade School) <input type="checkbox"/> Graduate of Post-Secondary School (Trade School)	<input type="checkbox"/> Some college (but no degree) <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"/> Unemployed (Less than 6 Months) <input type="checkbox"/> Unemployed (More than 6 months)	<input type="checkbox"/> Retired <input type="checkbox"/> Migrant/Seasonal Worker
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"/> Two Parents <input type="checkbox"/> Multigenerational <input type="checkbox"/> Single Parent Female (with child/children) <input type="checkbox"/> Single Parent Male (with child/children) <input type="checkbox"/> Two or More Adults (No children) <input type="checkbox"/> Other		
Family Housing Type	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Homeless <input type="checkbox"/> SRA <input type="checkbox"/> Other		
Marital Status (as of 12/31/23)	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Married (living separately) <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widow(er)		
If married, are you filing jointly with your spouse <input type="checkbox"/> Yes <input type="checkbox"/> No			
Optional Referral: Would you like to be contacted for the following free services:			
Help navigating health insurance <input type="checkbox"/> Yes <input type="checkbox"/> No   Financial Counseling/Debt reduction <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			

# TP-301 New York State - 2 pages Required

Department of Taxation and Finance Income Tax Worksheet Volunteer Income Tax Assistance Program			TP-301 (12/25)
Name		Date	Required page 1 of 2
County	School district (town if not known)		
			Yes No Unsure
Did you receive a New York State Inflation Refund Check? If Yes, how much \$ _____			
Were you a New York State resident for the entire tax year? (and your spouse if filing a joint return) If No, where else did you live from 1/1/25 - 12/31/25?			
Town, State	Start Date	End Date	
Town, State	Start Date	End Date	
Town, State	Start Date	End Date	
Did you pay child support through the NYS support collection unit for at least one-half of the year and you are NOT in rear? (IT-209)			
If Yes, Child's Name DOB Child's Name DOB Child's Name DOB			
If you pay rent for your place of residence, did you pay \$450 or less a month? If Yes, How much do you pay each month? _____			
And what does your rent include: (check the correct box) <input type="checkbox"/> Heat, gas, electricity, furnishings, and board <input type="checkbox"/> Heat, gas, electricity, and furnishings <input type="checkbox"/> Heat or heat and gas <input type="checkbox"/> Heat, gas, and electricity <input type="checkbox"/> None of the above			
Were you (or your spouse, if filing a joint return) an active volunteer firefighter or ambulance worker for the entire tax year? (IT-245)			
Did you make contributions to a NYS 529 College Savings Plan during the tax year?			
Did you receive interest on U.S. government bonds during the tax year?			
Did you (or your spouse if filing a joint return) receive a pension or other distribution from a New York State, local government, or federal government pension plan? If Yes, was the person who received the pension 59½ or older during the tax year?			
Did you (or your spouse, if filing a joint return) receive a private pension (not state or government)? If Yes, was the person who received the pension 59½ or older during the tax year?			
Did you receive pension payments as a beneficiary of a pension plan? If Yes, what share of that pension did you receive? _____			
Did you (or your spouse, if filing a joint return) receive disability income during the tax year? (IT-221)			
Did you pay nursing home expenses (special assessment) during the tax year? (IT-258)			
Did you pay long-term care insurance premiums during the tax year? (IT-249)			

New York State TP-301 (12/25) Page 2 of 2		
Required		
Did you receive a healthcare and mental hygiene worker's bonus? (B14 code HWB/Bonus)		
Did you pay nursing home expenses (special assessment) during the tax year? (IT-258)		
Did you pay long-term care insurance premiums during the tax year? (IT-249)		
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)		
Did you pay undergraduate college tuition expenses by cash, check, credit card, or with borrowed funds, or funds from a qualified state tuition program (such as 529 College Savings Program), 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)		
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 58 on Form IT-201 or Line 56 on Form IT-203 - do not leave blank)		
Do you use clean fuel oil (bifuel) for residential heating? (IT-241)		
Did you purchase or lease solar energy system equipment and install it at your principal residence during the tax year? (IT-255)		
Did you purchase or lease a geothermal system that was placed in service at your residence during the year? (IT-267)		
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)		
Do you have a student loan forgiveness award from the Higher Education Service Corporation (HESC) student loan?		
Complete this section ONLY if you lived in New York City or Yonkers		
New York City		
Were you (or your spouse if filing a joint return) a New York City resident for any part of the tax year? If you answered Yes, how many months did you (and your spouse if filing a joint return) live in New York City during the tax year? You _____ Spouse _____		
Did you (or your spouse if filing a joint return) maintain living quarters (a residence) in New York City during the tax year? If you answered Yes, how many days did you (and your spouse if filing a joint return) spend in New York City during the tax year? You _____ Spouse _____		
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?		
Yonkers		
Were you (or your spouse if filing a joint return) a Yonkers resident for any part of the tax year? If Yes, how many months did you (and your spouse if filing a joint return) live in Yonkers during the tax year? You _____ Spouse _____		
Did you earn income (self-employment or wages) from a source located in Yonkers?		
Additional notes:		

# Tax Customer Feedback

## Optional Survey

**Tax Customer Feedback** (optional and anonymous)

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

**Do you have a permanent address?**  Yes  No

**What is your zip code?** \_\_\_\_\_

**What is your household annual income?**

<input type="checkbox"/> No income, filing for tax credits/other reasons	<input type="checkbox"/> \$27,001 - \$40,500
<input type="checkbox"/> \$1 - \$13,500	<input type="checkbox"/> \$40,501 - \$60,000
<input type="checkbox"/> \$13,501 - \$27,000	<input type="checkbox"/> \$60,000+

**If this service was not available, how would you file your taxes?**

<input type="checkbox"/> Would not file	<input type="checkbox"/> Pay a preparer
<input type="checkbox"/> Would prepare myself	<input type="checkbox"/> None of these: _____

**Is this your first time using this service?**  Yes  No

*If Yes, how did you hear about this service?*

<input type="checkbox"/> Friends/Family/Co-workers	<input type="checkbox"/> Flyer
<input type="checkbox"/> Social Media/Website	<input type="checkbox"/> Other: _____
<input type="checkbox"/> 211	

**Do you plan on using this service again next year?**  Yes  No

**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?**

<input type="checkbox"/> Less than 15 minutes	<input type="checkbox"/> 30 minutes to 1 hour
<input type="checkbox"/> 15 - 30 minutes	<input type="checkbox"/> More than an hour

**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:**

<input type="checkbox"/> Medical bills	<input type="checkbox"/> Utility bills	<input type="checkbox"/> Credit cards	<input type="checkbox"/> Rent/Mortgage
<input type="checkbox"/> Student loans	<input type="checkbox"/> Car loans	<input type="checkbox"/> Property taxes	

**Save for:**

<input type="checkbox"/> Buying a car	<input type="checkbox"/> Home repairs/improvements	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency fund	<input type="checkbox"/> Buying a home	

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

---

13614-C

*(The Yellow Form)*

# IRS Required Form

Intake/Interview & Quality Review Sheet

13614-C (Green color) form is in Spanish

13614-NR (NonResident Alien)

# 13614-C

## Personal Information, Marital Status, and Household Information

Page 1  
Front page

Form 13614-C (October 2025)	Department of the Treasury - Internal Revenue Service Intake/Interview and Quality Review Sheet					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>Complete pages 1-5 of this form.</li> <li>You are responsible for the information on your return. Provide complete and accurate information.</li> <li>If you have questions, ask the IRS-certified volunteer preparer.</li> </ul>						
<b>Volunteers are trained to provide high quality service and uphold the highest ethical standards. To report unethical behavior to the IRS, email us at <a href="mailto:ts.voltax@irs.gov">ts.voltax@irs.gov</a></b>												
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)		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>yes-Timeline (A)</i>							
<b>Can anyone else claim you or your spouse on their tax return?</b>												
<b>Check if you or your spouse were in 2025:</b>												
A U.S. citizen	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Legally blind								
In the U.S. on a visa	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Totally and permanently disabled <i>Need</i>								
A full-time student	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Issued an identity protection PIN (IPPIN) <i>Need</i>								
				Owners or holders of any digital assets								
<b>If due a refund, how would you like your refund</b>				<b>If you have a balance due, how would you like to make your payment</b>								
<input type="checkbox"/> Direct deposit <i>Form</i> <input type="checkbox"/> Check by mail <i>add 45 after process</i> <input type="checkbox"/> Split refund between accounts <input type="checkbox"/> Other				<input type="checkbox"/> Bank account <input type="checkbox"/> IRS.gov Direct Pay <input type="checkbox"/> Set up installment agreement <input type="checkbox"/> Mail payment to IRS								
<b>Would you like to receive written communications from the IRS in a language other than English</b>												
<b>What language</b>												
<b>Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund</b>												
<b>As of December 31, 2025, what was your marital status</b> <i>MFS</i>												
<input type="checkbox"/> Never Married <input type="checkbox"/> Married <i>if married, were you married on the last day of the year</i> <input type="checkbox"/> Separated but not Divorced <i>Did you and your spouse live apart all of the last 6 months of the year</i>												
<input type="checkbox"/> Divorced <i>Need</i> <input type="checkbox"/> Widowed <i>Year of spouse's death</i> <i>Need Year</i>												
<b>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.</b>				<b>Answer Yes or No (Y/N)</b>		<b>To be completed by certified volunteer (Yes, No, or N/A)</b>						
<b>ONLY list those you can CLAIM</b>				<input type="checkbox"/> <i>College</i> <input type="checkbox"/> <i>10/26</i> <input type="checkbox"/> <i>Need</i> <input type="checkbox"/> <i>#</i>		<input type="checkbox"/> <i>Provided more than 50% of their own support</i> <input type="checkbox"/> <i>Person had less than \$5,200 of support for this person</i> <input type="checkbox"/> <i>Taxpayer(s) paid more than half the cost of maintaining a home for this person</i>						
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	Qualifying child or relative of any other person	This person provided more than 50% of their own support	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
<small>Catalog Number 52121E</small> <a href="http://www.irs.gov">www.irs.gov</a> <small>Form 13614-C (Rev. 10-2025)</small>												

# 13614-C Personal Information

- If applicable - include apartment number - confirm it is correct
- Checked that they or their spouse is a full time student it only applies if they are in college, form 1098-T
- Permanently blind box checked for taxpayer/spouse - **Important since the standard of deduction is higher**
- Taxpayer or spouse can be claimed by someone else - check the box yes
  - Child under 19
  - College student under 24
  - Adult child that is permanently disabled
- Someone on the return has been a victim of identity theft - they may have a Federal Identification Pin
  - Can not produce, taxpayer will need to paper file their Federal return
  - Still e-file their State return

# 13614-C Marital Status

- **Never Married** - Married cannot claim this
- **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 and 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, Married Filing Separately (MFS), we MUST have the spouse's name, DOB, and SSN in order to e-file,
  - They should know they will give up certain credits: EIC, CTC, Social Security taxed at dollar one, etc. if they file MFS
    - Sometimes a married couple want to file separately - spouse has outstanding debt (taxes, child support) File MFJ - Injured spouse can be filed and still receive credits without making the injured spouse responsible for their debt
- **Divorced or LEGALLY separated** (not just living apart) - Must have the year. If taxpayer can not remember try to at least get the year. *\*Need the year*
- **Widowed** - The year the spouse passed is a must. Especially if the taxpayer has dependents. This will play into filing status. *\*Need the year*

# Dependents

- What is a dependent?
  - Someone that you take care of
  - Provide more than half of the person's total financial support for the entire year
  - Doesn't earn more than \$5,200\* rules apply (go over later)
- What kinds of dependents are there?
  - Qualifying Children (child)
  - Qualifying Relatives (adults)
- Benefits of claiming dependents
  - Can be eligible for various tax credits
    - Child tax credit/Credit for Other Dependent
    - Earned income credit
    - Daycare credit
    - Education credit if dependent is going to college
  - Can be eligible for certain filing statuses

Tests To Be a Qualifying Child	Tests To Be a Qualifying Relative
<ol style="list-style-type: none"> <li data-bbox="97 173 952 365">The child must be your child, stepchild, foster child, sibling, half sibling, stepsibling, or a descendant of any of them. An adopted child is always treated as your own child. The term "adopted child" includes a child who was lawfully placed with you for legal adoption.</li> <li data-bbox="97 368 952 570">The child must be: (a) under age 19 at the end of the year and younger than you (or your spouse, if filing jointly), (b) under age 24 at the end of the year, a full-time student, and younger than you (or your spouse, if filing jointly), or (c) any age if permanently and totally disabled.</li> <li data-bbox="97 573 952 605">The child must have lived with you for more than half of the year.<sup>2</sup></li> <li data-bbox="97 609 952 692">The child must not have provided more than half of his or her own support for the year.<sup>5</sup></li> <li data-bbox="97 695 952 821">The child isn't filing a joint return for the year (unless that joint return is filed only to claim a refund of income tax withheld or estimated tax paid).</li> <li data-bbox="97 825 952 979">If the child meets the rules to be a qualifying child of more than one person, you must be the person entitled to claim the child as a qualifying child. See the "Qualifying Child of More Than One Person" chart.</li> </ol>	<ol style="list-style-type: none"> <li data-bbox="952 173 1837 408">The person can't be your qualifying child or the qualifying child of any other taxpayer. A child isn't the qualifying child of any other taxpayer if the child's parent (or any other person for whom the child is defined as a qualifying child) isn't required to file an income tax return or files an income tax return only to get a refund of income tax withheld.</li> <li data-bbox="952 411 1837 570">The person either (a) must be related to you in one of the ways listed under "Relatives who don't have to live with you" (see Table 2, step 2), or (b) must live with you all year as a member of your household<sup>2</sup> (and your relationship must not violate local law).</li> <li data-bbox="952 573 1837 894">The person's gross income for the year must be less than \$5,200.<sup>3</sup> Gross income means all income the person received in the form of money, goods, property and services, that isn't exempt from tax. Don't include Social Security benefits unless the person is married filing a separate return and lived with their spouse at any time during the tax year or if 1/2 the Social Security benefits plus their other gross income and tax exempt interest is more than \$25,000 (\$32,000 if MFJ).</li> <li data-bbox="952 897 1837 969">You must provide more than half of the person's total support for the year.<sup>4, 5</sup></li> </ol>

**Table 1: All Dependents**

Begin with this table to determine both Qualifying Child and Qualifying Relative dependents.

Step	Probe/Ask the taxpayer:	Action
1	Can you or your spouse (if filing jointly) be claimed as a dependent on another taxpayer's tax return this year? <sup>5</sup>	If YES: If you can be claimed as a dependent by another taxpayer, you may not claim anyone else as your dependent. If NO: Go to Step 2
2	Was the person married as of December 31 of the tax year?	If YES: Go to Step 3 If NO: Go to Step 4
3	Is the person filing a joint return for this tax year? <i>(Answer "NO" if the person is filing a joint return only to claim a refund of income tax withheld or estimated tax paid.)</i>	If YES: You can't claim this person as a dependent. If NO: Go to Step 4
4	Was the person a U.S. citizen, U.S. resident alien, U.S. national, or a resident of Canada or Mexico? <i>(Answer "YES" if you are a U.S. citizen or U.S. national and you adopted a child who lived with you as a member of your household all year.)</i>	If YES: Go to Step 5 If NO: You can't claim this person as a dependent.
5	Was the person your son, daughter, stepchild, eligible foster child, brother, sister, half brother, half sister, stepbrother, stepsister, or a descendant of any of them (i.e., your grandchild, niece, or nephew)? <sup>4</sup>	If YES: Go to Step 6 If NO: This person isn't your qualifying child. Go to Table 2: Qualifying Relative Dependents
6	Was the person: • under age 19 at the end of the year and younger than you (or your spouse, if filing jointly) OR • under age 24 at the end of the year, a full-time student (see definition in the glossary) and younger than you (or your spouse, if filing jointly) OR • any age if permanently and totally disabled <sup>1</sup> at any time during the year?	If YES: Go to Step 7 If NO: This person isn't your qualifying child. Go to Table 2: Qualifying Relative Dependents
7	Did the person live with you as a member of your household, except for temporary absences <sup>2</sup> , for more than half the year? <i>(Answer "YES" if the child was born or died during the year.)</i>	If YES: Go to Step 8 (Use Table 3 to see if the dependency for children of divorced or separated parents or parents who live apart applies.) If NO: This person isn't your qualifying child. Go to Table 2: Qualifying Relative Dependents
8	Did the person provide more than half of his or her own support <sup>3</sup> for the year?	If YES: You can't claim this person as a dependent If NO: Go to Step 9
9	Is the person a qualifying child of any other taxpayer?	If YES: Go to the chart: Qualifying Child of More Than One Person If NO: You can claim this person as a qualifying child dependent

#### Footnotes

<sup>1</sup>A person is permanently and totally disabled if he or she can't engage in any substantial gainful activity because of a physical or mental condition, AND a doctor determines the condition has lasted or can be expected to last continuously for at least a year or can lead to death.

<sup>2</sup>A child is considered to have lived with you during periods of time when one of you, or both, are temporarily absent due to illness, education, business, vacation, military service, institutionalized care for a child who is permanently and totally disabled, or incarceration. In most cases a child of divorced or separated parents is the qualifying child of the custodial parent. See Table 3: Children of Divorced or Separated Parents or Parents Who Live Apart to see if an exception applies. There is an exception for kidnapped children. See Publication 17.

<sup>3</sup>A worksheet for determining support is included later in this tab. If a child receives Social Security benefits and uses them toward his or her own support, those benefits are considered as provided by the child. Benefits provided by the state to a needy person (welfare, food stamps, housing, SSI) are generally considered support provided by the state.

<sup>4</sup>An adopted child is treated the same as a natural child for the purposes of determining whether a person is related to you in any of these ways. For example, an adopted brother or sister is your brother or sister. An adopted child includes a child who was lawfully placed with a person for legal adoption.

<sup>5</sup>An individual is not a dependent of a person if that person is not required to file an income tax return and either does not file an income tax return or files an income tax return solely to claim a refund of estimated or withheld taxes.

## Qualifying Child of More Than One Person

### Tiebreaker Rules

If the child meets the conditions to be the qualifying child of more than one person, only one person can claim the child as a qualifying child dependent for all tax benefits associated with an exemption unless the special rule for children of divorced or separated parents applies<sup>1</sup>.

- Credit for other dependents
- Child Tax Credit
- Head of Household
- Earned Income Credit
- Credit for Child and Dependent Care Expenses
- Exclusion from income for Dependent Care Benefits

# Examples of Dependents:

- Grandmother, daughter, and granddaughter live in the household. Both grandma and mom work. Who can claim the granddaughter?
- Tom and his 8 year-old lives with his girlfriend, Grace. Tom is disabled. No One else can claim his daughter. Who can Grace claim? What category would they be claimed under?
- Judy and Bill are married with two children. One is in college and the other is under 17. Also residing with them are Bill's parents. They only receive Social Security benefits. Who can be filed on Judy and Bill's tax return?
- George takes care of his adult disabled son. His disabled son receives, Social Security Disability Income (SSDI). Can George claim his son as a dependent? If so, what type of dependent?

# How does the US Tax System work?

- Most income is taxable
  - Wages, pensions, bank interest, etc.
    - Most fall under Basic
  - Rule of thumb: if it's income to you, it's probably taxable
  - Certain types of income are tax free
- How do we pay the income tax?
  - Mostly through the “pay as you go” system
  - Others like self-employed usually pay at the end of year or make quarterly payments
    - Uber, DoorDash, Lyft, Etsy seller, home daycare owner
    - Fall under Advance tax returns

# 13614-C

## Income & Expenses

Page 2  
Inside page

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 <i>B-1b Reported on W-2</i>	<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"/> (B) Disability benefits (such as payments from insurance and worker's compensation)	<input type="checkbox"/> (A) Qualified Charitable Distribution From 1099-R \$ _____	
<input type="checkbox"/> (B) Social Security or Railroad Retirement Benefits	<input type="checkbox"/> (B) Disability benefits on 1099-R or W-2 # _____	
<input type="checkbox"/> (B) Unemployment benefits	<input type="checkbox"/> (B) SSA-1099, RRB-1099 # _____	
<input type="checkbox"/> (B) Refund of state or local income tax	<input type="checkbox"/> (B) 1099-G # _____	
<input type="checkbox"/> (B) Interest or dividends (bank account, bonds, etc.)	<input type="checkbox"/> (B) Refund \$ _____	
<input type="checkbox"/> (A) Sale of stocks, bonds or real estate	<input type="checkbox"/> (B) Itemized last year <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (B) 1099-INT # _____ <input type="checkbox"/> (B) 1099-DIV # _____	
<input type="checkbox"/> (B) Alimony	<input type="checkbox"/> (A) 1099-B (include brokerage statement) # _____	
<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"/> Capital loss carryover <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Income from renting personal property such as a vehicle	<input type="checkbox"/> (B) Alimony \$ _____	
<input type="checkbox"/> (B) Gambling winnings, including lottery	<input type="checkbox"/> Excluded from income <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (A) Payments for contract or <del>self-employment work</del>	<input type="checkbox"/> (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) # _____	
Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Rental expense \$ _____	
<i>extra form</i>	<input type="checkbox"/> (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____ <i>letter from casino</i>	
	<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)	

1099-R  
Box codes:  
7 - all good  
1 - early  
distribution  
Why did  
they take  
the money  
out early?

# Extra Form 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 businesses, 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 an LLC or have a net business loss.*

**Even if you do not receive a 1099 form, you must report all of your 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

1/1/25-12/31/25	Business Miles (work-to-work)	
1/1/25-12/31/25	Commuter Miles (Home-to-work & work-to-home)	(not required)
1/1/25-12/31/25	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
- Do you have evidence to support your deductions?
  - Is it written? Yes or No

updated 11/25

(please complete side 2)

### Expenses for Ride Share:

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

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

Total square footage of your home:	
Square footage used <b>exclusively</b> for business, for day care, or storage of inventory	
Square footage 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: (Rent/lease, not your home)	\$	Repairs and Maintenance: (not vehicle)	\$
Advertising:	\$	Health Insurance:	\$
Insurance (other than health)	\$	Legal & Professional Services	\$
Equipment: (Rent or lease)	\$		
Other: (unreimbursed expenses)	\$	Description:	
Other: (unreimbursed expenses)	\$	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

Allowed up to \$300 out of pocket (not reimbursed)

- K-12th teacher
- at least 900 hrs per calendar year

Page 3  
Inside page

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? <input checked="" type="checkbox"/> (A) Mortgage Interest <input checked="" type="checkbox"/> (A) Taxes: state, local, real estate, sales, etc. <input type="checkbox"/> (A) Medical, dental, prescription expenses <i>Only makes a difference if over 7.5% of AGI</i> <input type="checkbox"/> (A) Charitable contributions		(To be completed by certified volunteer) Standard or Itemized Deductions <input checked="" type="checkbox"/> (A) 1098 <input type="checkbox"/> (B) Standard deduction <i>most of our clients</i> <input type="checkbox"/> (A) Itemized deduction Notes/Comments # _____
Paid any of these expenses in 2025? <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 checked="" 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)		(To be completed by certified volunteer) Expenses to report <input type="checkbox"/> (B) 1098-E <input type="checkbox"/> (B) Child and dependent care credit <i>most have receipt</i> <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? <input type="checkbox"/> (B) You or someone in your family took educational classes (technical school, college, job related, etc.)  <input type="checkbox"/> (A) Sell a home <input type="checkbox"/> (A) Have a health savings account (HSA) <input type="checkbox"/> (A) Purchase health insurance through the Marketplace (Exchange) <input type="checkbox"/> (A) Purchase and install <b>energy-efficient home items</b> (example: windows, furnace, insulation, etc.) <input type="checkbox"/> (A) Other (example: purchased a new vehicle, etc.) <input type="checkbox"/> (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender <input type="checkbox"/> (A) Have a loss related to a declared Federal disaster area  <input type="checkbox"/> (B) Have a tax credit <b>disallowed</b> (example: earned income credit, child tax credit, or American opportunity credit) <input type="checkbox"/> Receive any letter or bill from the IRS <input type="checkbox"/> (B) Make estimated tax payments or apply last year's refund to 2025 taxes <input type="checkbox"/> Brought last year's return		(To be completed by certified volunteer) Information to report <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) Sale of home (1099-S) <input type="checkbox"/> (A) HSA contributions <input type="checkbox"/> (A) <b>HSA distributions</b> <i>Used for? out of pocket - Not Medicaid or Medicare</i> <input type="checkbox"/> (A) <b>1095-A</b> <i>out of pocket - Not Medicaid or Medicare</i> <input type="checkbox"/> (A) Energy efficient home improvement credit (Form 5695, Part II only) <i>Not additions or new roof</i> <input checked="" type="checkbox"/> VIN # <i>1099-C</i> <input type="checkbox"/> (A) 1099-A <input type="checkbox"/> Disaster relief impacts return <input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason <input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral <input type="checkbox"/> (B) Estimated tax payments <input type="checkbox"/> (B) Last year's refund applied to this year <input type="checkbox"/> Last year's return available

# 13614-C received Money (Income), Expenses, & Life Happenings

- With a red pen, an interviewer must discuss every question with the tax filer.
  - If it doesn't pertain to them, write NA or No on the right shaded area.**
- You will notice that there is either an **A** (Advance) or **B** (Basic)
  - This also determines the level of the tax preparer for this return.
- Basic-** Can only prepare Basic returns and **review Basic**
- Advance-** Can prepare Basic and Advance returns also can **review Basic and Advance returns**

# 13614-C

## Optional Information

Page 4

Page 4

### 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? Select all that apply	6. What is your spouse's race and/or ethnicity? Select all that apply				
<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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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.)	<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.

# 13614-C

## Additional Notes/ Comments

Area for additional dependents

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Page 5

### Additional Notes/Comments

# 13614-C

## Signatures

Shown as Form 15080

Allowing us maintain their basic information so we can carry their information over to the next year. Less information to data enter for VITA sites.

Page 6 Backpage

Form 15080  
(October 2025)

Department of the Treasury - Internal Revenue Service

**Consent to Disclose Tax Return Information to  
VITA/TCE Tax Preparation Sites**

**Federal Disclosure:**  
Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

**Terms:**  
Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software, to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season. This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year. This consent is valid through November 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  
*Tax filer*

Secondary taxpayer printed name and signature  
*Spouse (if one)*

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>).

Catalog Number 39573K  
www.irs.gov  
Form 15080 (Rev. 10-2025)

# Form 14446 For Drop-off & Intake Sites

This page goes with the tax filer

**Form 14446**  
(November 2023)

Department of the Treasury - Internal Revenue Service

## 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

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 contact name

Sharon Thompson & Ralph Lyke

Site coordinator 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 signing the completed tax return. The site must explain the method it uses to contact the taxpayer if additional information is needed.
- 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: [Redacted]

\*\*\*\*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.

This page stays in the tax filer's folder

Page 4

Taxpayer

**Part III:  
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

**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 1-800-360-4484, or by e-mail at [complaints@tigta.treas.gov](mailto: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

**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 cannot prepare your tax return. You also must sign below.**

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 (type/print)	Signature (type/print)

Last, First

Notes:

Example:

- Timeline and addresses if they resided and received income from other states
- Clarification on questions
- Missing information
- 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

Before e-filing the return:

- After the quality review
- Tax filer(s) are advised of their responsibility for the accuracy of the information on the return
- Sign-off on the return

For Office Use Only **CHECKLIST** Referrals:  Requested  Copied

Today's Date: \_\_\_\_\_ **A** or **B**

Off-Site Location: \_\_\_\_\_

Drop-off  In-Person

Date Int **ACTIVITY**

**ALL In-Take Forms & Tax Info**  
COMPLETED/RECEIVED & ready for tax prep

Taxes PREPARED

Client pulled forward in TaxSlayer from a previous year

**AGI**  EIC  CTC

Quality **REVIEWED**

Appointment scheduled (pick-up is about 5/10 minutes)

Date & Time:

DISCUSS completed tax return w/client(s) & INSIDE FOLDER Reviewers MUST complete checklist while client is with you

Financial Coaching received

**VERIFY** info w/client: name, address, SSN, deposit, client(s) signs & receives copy

**AMENDMENT:** (only answer if this is one)  Yes  
Did PEACE, Inc. prepare the original return?  No (count prep)

**TAXES:**  E-FILED Date: \_\_\_\_\_ Int: \_\_\_\_\_

**FILED:**  PAPER FILING by tax filer- give envelope(s)

**Tax Prep Level:**  
**B:** Basic  
**A:** Advance

**Quality Review:**  
Second set of eyes at equal or higher level.

# Quality Review

- After a return is prepared, it is looked over a second time, called a quality review
- Helps to ensure accuracy
- A Quality Reviewer sits with client to look over return
- **All** returns must be quality reviewed, by a **different** set of eyes
- Once the quality review is done, return is printed out and reviewed “**Discuss**” with client
  - They then sign the return
  - When a client signs a return, they acknowledge that the return is their responsibility for accuracy of information
    - spelling of names, SSN, address, direct deposit information, and tax information they relayed to us
  - They only sign after quality review and after being advised of their responsibility for the return

# What's next?

- Take your certifications
  - Provide me with your 13615 (will show sample later)
- Schedule your days/hours
  - Hub location, 1201 E Fayette t, Syracuse
    - Tuesdays & Saturdays, 9am - 5pm
    - Wednesdays & Thursdays, 12pm - 7pm
    - Mondays & Fridays, 9am-4pm
      - Not open to the public: data entry, admin duties
- Want to prepare taxes?
  - Join us for Basic Certification Training
  - Training Schedules & Materials are on the website  
peace-caa.org/taxes
- Additional events for volunteering / end of season celebration

# 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 (type/print)

Sharon Thompson

Volunteer position(s)

VITA Volunteer, Other, SI

IRS Employee

Home address (street, city, state and ZIP code)

1201 E Fayette St , Syracuse , New York 13210

Email address

sthompson@peace-caa.org

Daytime telephone

Sponsoring partner name/site name

PEACE, Inc.

Number of years volunteered (including this year)

17

Signature (electronic)

Signature (type/print)

Date

Sharon Thompson

OR

12/15/2025

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

Volunteer Standards of Conduct (Required for ALL)	Intake/Interview and Quality Review	Site Coordinator	Basic	Advanced	Military	International	Puerto Rico		Foreign Students	SPEC OPI
							1	2		
P	P	P	P	P						P
Professional designation (Attorney, CPA, CTEC, or Enrolled Agent)	Licensing jurisdiction (state)			Bar, license, registration, or enrollment number			Effective or issue date		Expiration date (if provided)	

**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 (printed) (coordinator, sponsoring partner, instructor or IRS contact)

Signature (electronic)

Signature (type/print)

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 (printed)

Signature (electronic)

Signature (type/print)

Date

OR

Approving Official's (printed) name and title (coordinator, sponsoring partner, instructor)

Signature (electronic)

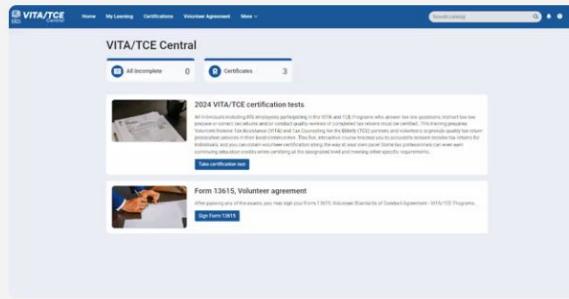
Signature (type/print)

Date

OR

## VITA/TCE Central your one-stop shop for volunteer training

VITA/TCE Central lets you find your most frequently used tools on one page - certification tests, training and testing PDFs, evaluations, Practice Lab, instructor tools and more!

[Start learning](#)

### Quick Links

- [Getting Started](#)
- [Intake/Interview and Quality Review Training](#)
- [Fact Sheet: Continuing Education Credits](#)
- [VITA/TCE Training Guide](#)
- [Link & Learn Taxes Lessons](#)

- [Practice Lab](#)
- [Certification Test/Retest](#)
- [VSOC Training](#)
- [Evaluations](#)



## Create an account

**First name \***

**Last name \***

**Email \***

**Password \***

**Password must:**

- Contain at least one number
- Contain at least one non-alphanumeric symbol
- Contain at least one English letter
- Be at least 12 characters
- Be different from the user's LoginName, FirstName, LastName, and Email
- Be uncommon

**Address \***

**Address 2**

**City \***

**State \***

**Zip code \***

**Phone**

I accept the Privacy Policy. [View Policy \\*](#)

**Continue**

Have an account? [Log in](#).



## Group selection

Select all that apply to you. Selection is optional.

### Select Role

- IRS SPEC Territory Manager
- SPEC OPI Volunteer
- Site Coordinator
- VITA Volunteer
- Volunteer Instructor

[Back](#)

[Create Account](#)



## Welcome to VITA/TCE!

Your account was successfully created.

Your login name: onlyme.sharon@gmail.com

Your email address: onlyme.sharon@gmail.com

You can always change your name, email, and other information in your [Profile](#).

### Verification instructions

1. You will get an email from VITA/TCE with a verification link.
2. Click on the verification link to verify your email address.
3. If you don't receive this email after 20 minutes, please check your junk mail folder or [request another verification email](#).

If you don't want to verify your email address, [contact support](#) or [log out](#).

# VITA/TCE Central



All Incomplete

0



Certificates

0



## VITA/TCE certification tests

All individuals—including IRS employees participating in the VITA and TCE Programs—who answer tax law questions, instruct tax law, prepare or correct tax returns and/or conduct quality reviews of completed tax returns must be certified. This training prepares Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) partners and volunteers to provide quality tax return preparation services in their local communities. This fun, interactive course teaches you to accurately prepare income tax returns for individuals, and you can obtain volunteer certification along the way at your own pace! Some tax professionals can even earn continuing education credits when certifying at the designated level and meeting other specific requirements.

[Take certification test](#)

## Form 13615, Volunteer agreement

After passing any of the exams, you may sign your Form 13615, Volunteer Standards of Conduct Agreement - VITA/TCE Programs.

[Sign Form 13615](#)

# Thank you!

Additional questions/Volunteer:

Sharon Thompson

[sthompson@peace-caa.org](mailto:sthompson@peace-caa.org)

315.634.3756