

Name \_\_\_\_\_

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

Phone: \_\_\_\_\_

CASH will use your contact information to follow up regarding interests you have indicated on this form.

**INFORMATION FOR TAX RETURN:**

1. County: \_\_\_\_\_
2. School District: \_\_\_\_\_
3. Do you have income from states **other than NY**?  
 NO  YES
4. Did you pay child support through the support collection unit for at least 1/2 of the year?  
 NO  YES
5. Did you (or spouse) volunteer as a firefighter or ambulance worker for the entire year?  
 NO  YES
6. Did you visit another tax preparation service **this year** before coming to CASH?  
 NO  YES
7. Please check the one that applies to you:  
 Renter: Monthly Rent \$ \_\_\_\_\_  
*Check if applicable:*
  - Section 8
  - Rochester Housing Authority Homeowner with mortgage  
 Homeowner without a mortgage  
 Live with my family  
 Live with someone else  
 Live in a dorm or other group setting  
 Currently homeless  
 Other

**BANKING:**

8. What type of account do you use for direct deposit?  
 Checking/Savings Account  
 Prepaid Card with monthly fee of \$ \_\_\_\_\_  
 I have no account, but would like one  
 N/A – not using direct deposit
9. If using direct deposit for your refund, what documentation do you have with your account number?  
 Check  
 Bank Info Card  
 Bank Statement  
 Previous tax return  
 Cell Phone  
 Other: \_\_\_\_\_  
 N/A – not using direct deposit
10. Would you like to save at least \$50 of your federal refund and earn a chance to win \$100?  
 YES  NO

**ROC YOUR REFUND (RZR) PILOT PROGRAM**

11. **For City Residents with dependent(s):** Would you like commit to saving \$200, receive a \$25 Wegmans gift card for completing a survey and learn more about the chance\* to increase your savings by \$50 or up to \$500?  
*\*Select group of participants chosen at random.*  
 YES  
 NO  
 Current RZR Participant  
 N/A – Not a City Resident w/dependent(s)

**COMMUNITY RESOURCES**

12. Which of the following would you like to know more about? (Check **ALL** that apply)

Miscellaneous Forms

- Voter Registration (New voter registration or update address for registered voter)
- US Census 2020

Food & Nutrition

- Food Stamps/SNAP
- Emergency Food/List of Food Pantries

Housing

- Low Cost Rental Properties
- Buying a home
- Behind in mortgage and need help
- Remodeling Loans and Grants
- Weatherization & Energy Programs
- Emergency Utility Assistance
- Emergency Rent Assistance

Tax Problems

- IRS and/or NYS tax issues

Credit & Money Management

- Free Credit Report
- Budgeting/Fixing Credit / Reducing debt
- Student Loan Repayment Assistance

Job Training/Information

- Getting an HSE (formerly GED)
- Job Training and/or Information
- Small Business/Entrepreneurship Resources

Healthcare

- Affordable Health Options
- Free Health Screenings

- Not Interested in any of the above**

**DEMOGRAPHICS**

13. Please check the one that best describes you:

- African American or Black
- Caucasian or White
- Hispanic or Latino
- Asian
- Native American or Alaskan Native
- Native Hawaiian / Other Pacific Islander
- Two or more race/ethnicities
- Other race/ethnicity (not listed)

14. Household Employment Information:

- One or more adults working full time
- One or more adults working part time; no adults working full time
- No adults working; at least one is retired
- All adults are unemployed

15. How did you get here today? (Check one)

- Drove/Got a Ride (2 hour parking voucher available for attached Court St. Garage)
- Bus
- Lift Line/Medical Motors
- Other

16. **Non-City Residents:**

Town/Village: \_\_\_\_\_

### CLIENT REQUESTS

17. Would you like to join our email list? CASH will share information about program updates, community resources, and information about new services and tax workshops, etc.

- YES  NO

18. Would you like to be a CASH volunteer? *Volunteers are **required** to utilize an email account.*

- NO  
 YES – I can volunteer **this** year (now – April 18, 2020)  
 YES – I can volunteer **next** year (Jan – April 2021)

19. How you would like to provide input on improving CASH services? Check all that apply.

- Not Interested  
 Online Survey  
 Focus Group  
 CASH Client Advisory Committee

20. CASH will begin offering tax education workshops. Please check the topic(s) that interest you.

- Dependents – Who can be claimed on tax return  
 Tax Credits – Better understanding of tax credits & rules  
 Filing Status – When to file Single, Head of Household, Married filing separately, etc.  
 Balance Due to the IRS or NYS? – What to do when you owe and how to prevent it next year  
 Self-Employment – What records do I keep and what expenses can I claim?  
 Other: \_\_\_\_\_

21. If English is not your first language, would you be interested in completing a short survey to share information about your needs accessing services, programs, etc.?

- NO or N/A  
 YES

### OPTIONAL QUESTION

CASH is collecting information to learn more about emergency financial challenges that may impact your financial security. By answering the following question, you are helping us to ensure we are gathering and sharing resources that can make an immediate and positive impact on your future.

22. Are you having difficulty with any of the following bills? (Please check ALL that apply)

- Mortgage or back rent  
 Past-due utility bills  
 Taxes (property or income taxes)  
 Payday loan(s)  
 Childcare  
 Medical bills  
 Car loan or repair  
 Student loans  
 Other: \_\_\_\_\_  
 No trouble with bills

# Intake/Interview & Quality Review Sheet

**You will need:**

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

• Please complete pages 1-4 of this form.

- You are responsible for the information on your return. Please provide complete and accurate information.
- If you have questions, please ask the IRS-certified volunteer preparer.

Volunteers are trained to provide high quality service and uphold the highest ethical standards.

To report unethical behavior to the IRS, email us at [wi.voltax@irs.gov](mailto:wi.voltax@irs.gov)

**Part I – Your Personal Information** (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name	M.I.	Last name	Daytime telephone number	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Daytime telephone 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?				

**Part II – Marital Status and Household Information**

1. As of December 31, 2019, what was your marital status?

Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. If Yes, Did you get married in 2019?  Yes  No

Divorced b. Did you live with your spouse during any part of the last six months of 2019?  Yes  No

Legally Separated Date of final decree \_\_\_\_\_

Widowed Date of separate maintenance decree \_\_\_\_\_

Year of spouse's death \_\_\_\_\_

2. List the names below of:

- **everyone** who lived with you last year (other than your spouse)
- **anyone** you supported but did not live with you last year

If additional space is needed check here  and list on page 3

To be completed by a Certified Volunteer Preparer													
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 US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/19 (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)	Did this person have less than \$4,200 of income? (yes/no)	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)					

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? _____
<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? (Form 1099-MISC, cash, virtual currency, or other property or services)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/virtual currency payments, 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, Virtual Currency or Real Estate? (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 type="checkbox"/>	11. (A) 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 1099G)
<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, virtual currency, Sch K-1, royalties, foreign income, other property or services, etc.) Specify _____

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<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? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (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. (A) Any of the following? <input type="checkbox"/> Medical & Dental (including insurance premiums) <input type="checkbox"/> Mortgage Interest (Form 1098) <input type="checkbox"/> Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> Charitable Contributions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<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.?
<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. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card 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 disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (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)? [Provide Form 1095-A]

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

1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)

2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund  You  Spouse

3. If you are due a refund, would you like: a. Direct deposit  Yes  No  Yes  No  Yes  No  Yes  No

b. To purchase U.S. Savings Bonds  Yes  No  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  Yes  No

5. Live in an area that was declared a Federal disaster area?  Yes  No  Yes  No

6. Did you, or your spouse if filing jointly, receive a letter from the IRS?  Yes  No

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

7. Would you say you can carry on a conversation in English, both understanding & speaking?  Very well  Well  Not well  Not at all  Prefer not to answer

8. Would you say you can read a newspaper or book in English?  Very well  Well  Not well  Not at all  Prefer not to answer

9. Do you or any member of your household have a disability?  Yes  No  Prefer not to answer

10. Are you or your spouse a Veteran from the U.S. Armed Forces?  Yes  No  Prefer not to answer

11. Your race?  Yes  No  Prefer not to answer

American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White  Prefer not to answer

12. Your spouse's race?  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White  Prefer not to answer

American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White  Prefer not to answer

13. Your ethnicity?  Hispanic or Latino  Not Hispanic or Latino  Prefer not to answer

14. Your spouse's ethnicity?  Hispanic or Latino  Not Hispanic or Latino  Prefer not to answer

Additional comments

**Privacy Act and Paperwork Reduction Act Notice**

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

## 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 13, 2021.

The tax return information that will be disclosed includes, but is not limited to, demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return. This information includes your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return. The tax return information that will be disclosed also includes the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year. Global Carry Forward will assist you only if you visit a different VITA or TCE partner next year that uses TaxSlayer.

*Limitation on the Duration of Consent:* I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 13, 2021). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

*Limitation on the Scope of Disclosure:* I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

**Consent:**

I/we, the taxpayer, have read the above information.

I/we hereby consent to the disclosure of tax return information described in the Global Carry Forward terms above and allow the tax return preparer to enter a PIN in the tax preparation software on my behalf to verify that I/we consent to the terms of this disclosure.

Primary taxpayer printed name and signature

Date

Secondary taxpayer printed name and signature

Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).