

## Drop Off Supplemental Questionnaire

# _____	<input type="checkbox"/> 000-00-0000 ITIN APPLICANT	TAX YEAR _____	<input type="checkbox"/>	APPT _____	SITE _____	DATE _____
Taxpayer _____ First    MI        Last		<b>Intake Notes</b> <b>ITIN Renewal (attach slip)</b> <b>Spanish</b> <i>Incomplete (attach slip)</i> <i>ASL</i> <i>Ammendment (attach guide)</i> _____ _____ _____				
<input type="checkbox"/> <b>Basic</b> <input type="checkbox"/> <b>HSA</b> <input type="checkbox"/> <b>W7 APPLICANT</b> <input type="checkbox"/> <b>Advanced</b> <input type="checkbox"/> <b>Military</b>						
LIAISON ID: _____		TRANSLATOR ID: _____		PREPARER ID: _____		REVIEWER ID: _____

Health insurance: Please indicate on the intake sheet the months for which each person on the return had MEC and/or qualified for an exemption. Be specific about the exemption(s)!

HSA distribution (Form 1099-SA): Did you use all of the distribution to pay for medical expenses?

**Answer:**

Education credit: Have you or your parents claimed an education credit on 4 tax returns? How many years have you attended college?

**Answer:**

For state returns:

On what date did you move to Texas? If you lived/worked in more than one state, what were your dates of residency in each of those states?

Please list your address for each state in which you lived in the tax year.

For those who lived in California: Did you own or rent your home in California?

**Important!** We will contact you with questions about your tax return and to let you know when it is ready for you to sign and pick up. Which of the following is your preferred form of contact?

Email address \_\_\_\_\_ Prefer communication in Spanish?  Yes

Phone number \_\_\_\_\_ Prefer texts?  Yes

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### Consent to Use and Disclose – 3 years

The Community Tax Centers would like to create and share program summary statistics with stakeholders in support of our fundraising and advertising efforts and volunteer promotion. **We won't use your name, address, phone number, or other information that could be used to identify you. We also will never sell your information.**

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

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. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

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

\_\_\_\_\_  
**Signature of primary**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of secondary**

\_\_\_\_\_  
**Date**

### Consentimiento para usar y divulgar - 3 años:

Los Centros de Impuestos Comunitarios desean crear y compartir estadísticas de resumen del programa con las partes interesadas para apoyar nuestros esfuerzos de recaudación de fondos y publicidad, y la promoción de voluntarios. **No usaremos su nombre, dirección, número de teléfono u otra información que pueda usarse para identificarlo. Tampoco venderemos su información.**

La ley federal requiere que se le proporcione este formulario de consentimiento. A menos que lo autorice la ley, no podemos utilizar la información de su declaración de impuestos para otros fines que no sean la preparación y presentación de su declaración de impuestos sin su consentimiento.

No está obligado a completar este formulario para recibir nuestros servicios de preparación de declaraciones de impuestos. Si obtenemos su firma en este formulario condicionando nuestros servicios de preparación de declaración de impuestos con su consentimiento, su consentimiento no será válido. Su consentimiento es válido por el tiempo que especifique. Si no especifica la duración de su consentimiento, su consentimiento es válido por un año a partir de la fecha de la firma.

Si cree que la información de su declaración de impuestos ha sido divulgada o utilizada de manera no autorizada por la ley o sin su permiso, puede comunicarse con el Inspector General del Tesoro de la Administración Tributaria (TIGTA) al teléfono 1-800-366-4484, o al envíe un correo electrónico a [quejas@tigta.treas.gov](mailto:quejas@tigta.treas.gov).

\_\_\_\_\_  
**Firma del contribuyente primario**

\_\_\_\_\_  
**Fecha**

\_\_\_\_\_  
**Firma del contribuyente secundario**

\_\_\_\_\_  
**Fecha**