



Drop Off Supplemental Questionnaire
Tax Season 2020

_____-_____-_____
000-00-0000 ITIN APPLICANT TAX YEAR _____ APPT SITE DATE

Taxpayer _____
First Last

Basic HSA LIAISON: _____
 Advanced W7 APP TRANSLATOR: _____
 Military PREPARER: _____
REVIEWER: _____

Intake Notes	
_____	<input type="checkbox"/> ITIN Renewal
_____	<input type="checkbox"/> Spanish
_____	<input type="checkbox"/> Return Visit
_____	<input type="checkbox"/> ASL
_____	<input type="checkbox"/> Amendment

- Health insurance (**FOR PRIOR YEARS ONLY**): 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:
 - o Did you already **start** the federal return? Check: YES NO
 - o Did you **submit** the federal return? Check: YES NO
 - o 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?
 - o Please list your address for each state in which you lived in the tax year.
 - o For those who lived in California: Did you own or rent your home in California?

Important! We will contact you when your return is ready. What is your preferred form of contact?

- Email address _____ Prefer communication in Spanish? Yes
- Phone number _____ Prefer texts? Yes

Consent to Use – 1 year | Consentimiento para usar – 1 año

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.

Signature of primary taxpayer
Firma del contribuyente primario

Date
Fecha

Signature of secondary taxpayer
Firma del contribuyente secundario

Date
Fecha

Consent to Disclose – 1 year | Consentimiento para divulgar – 1 año

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Signature of primary taxpayer
Firma del contribuyente primario

Date
Fecha

Signature of secondary taxpayer
Firma del contribuyente secundario

Date
Fecha