

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Your Nam	ne : (Print)	
Tax Prepa	arer: United Way of King County, Free Tax Preparation Campaign (VITA)	
	We care about your privacy.	
WE AGRE	EE that we will keep your electronic and paper tax returns secure.	
	EE that we will never share your name, social security number, employer ion with anyone without your permission.	or other personal
return in <u>a</u> ✓ In ✓ In ✓ In	REE that we can include <u>non-identifying</u> (i.e. gender, race, filing status, en anonymous, aggregate data reports: marketing materials to promote the program the submission of funding applications that support the program. taxpayer(s) have read the above information and hereby CONSENT to eturn Information for the purposes stated above.	
Taxpayer S	Signature Date	
Spouse Sig	ignature (if married and filing together) Date	
If you do	not agree, please check here:	
	Federal law requires this consent form be provided to you. Unless authorized disclose your tax return information to third parties for purposes other than filing of your tax return without your consent. If you consent to this disclosu information, Federal law may not protect your tax return information from f distribution.	the preparation and re of your tax return
	You are not required to complete this form to engage our tax return preparation obtain your signature on this form by conditioning our tax return preparation consent, your consent will not be valid. If you agree to the disclosure of your information, your consent is valid for the amount of time that you specify. If duration of your consent, your consent is valid for one year from the date of	n services on your r tax return you do not specify the
	If you believe your tax return information has been disclosed or used in unauthorized by law or without your permission, you may contact the Treafor Tax Administration (TIGTA) by telephone at 1-800-366-4484 complaints@tigta.treas.gov.	sury Inspector General

Taxpayer Intake Form

The Taxpayer Intake Form is completely anonymous and strictly confidential. Personal data is not shared or sold to any third party.

1. Are	vou interested	in any of the follo	wing	services	? (Choose all	that apply)		
	Money to pay fo	-	_		our credit repo		(G)	Opening up a retirement accoun
	Help paying util	_		- .	•	improve credit	` '	1 5 1
		for health insurance		•		•		
2. If yo	u receive a ref	und, do you plan o	on sav	ing som	e of it?			
(A)	Yes	(B) No	(0	C) Unsure	9			
3. Wh	nat ethnicity do	you consider you	ırself?	? (Please	select one)			
(A)	American Indian	n or Alaska Native		(D)	Hawaiian Na	tive or Pacific Isla	ander	(G) Multi-racial
(B)	Asian / Asian-Ar	merican		(E)	Hispanic / La	tino		(H) Other
(C)	Black, African-A	merican, or Other A	frican	(F)	White or Cau	ıcasian		
4. How	did you hear a	about this service?	? (Plea	ase selec	t one)			
(A)	Filed here last y	ear		(D) Flyer	in the mail		((G) Bus, radio, or 211
(B)	Word of mouth	(Friend/Family)			•	he community		
(C)	Online			(F) Flyer	from your un	ion		
5. How	did you get yo	our taxes done last	t year	? (Please	e select one)			
(A)	Here		(D) [Did my ow	vn (Paid softwa	are/website)	(G)	Did not file last year
(B)	Another free pla	ace like this	(E) [Did my ow	vn (Free softwa	are/website)		
(C)	Family or friend	(free)	(F) F	Paid some	eone			
6. Do y	ou speak a lan	guage other than	Englis	sh?				
(A)	•	(B) No	J					
7. Wha	nt gender do yo	ou identify as?						
	Male	•	(C	C) Trans*	(D)	Other:		
8. Wha	nt is vour curre	nt living arrangem	ent?	(Please s	select one)			
	Rent with mysel				roommates)		(E)	Currently homeless – living inside
	Own a home	,			orm or other g	group setting		Currently homeless – living outside



Tax Preparation Disclaimer

Thank you for choosing United Way of King County to help you file your income taxes this year. We operate under IRS guidelines and we have provided the following information to make sure every taxpayer knows the requirements for receiving tax preparation services.

- You are responsible for all of the information listed on the completed tax return. Please ask us questions if you have any concerns about your tax return or our process.
- The following documents are required for us to prepare a tax return for you:
 - Valid photo ID for the primary taxpayer (and spouse, if filing jointly)
 - Social Security cards/ITINS/ official documentation for all people you will be listing on the tax return. This includes: The taxpayer; The spouse (if filing jointly); Any dependents being claimed
- We will ask for your consent to use and disclose data to help improve our program.
 - The request is optional, the data is 100% anonymous, and United Way cannot and will not share personal data with any third parties. Your privacy is very important to us.
 - Your consent helps us improve our program: We share aggregate data (number of clients served, total refunds of clients served) to funders of this free service.

•	United Way ensures that your personal information will not be shared with any other parties and
	will be kept confidential.

Please initial to acknowledge reading the above:	
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Please review and complete all forms in this packet.



CONSENT TO USE OF TAX RETURN INFORMATION

We car	e about your privacy.
	, , ,
WE AGREE that we will keep your electronic ar	d paper tax returns secure.
WE AGREE that we will never share your name information with anyone without your permiss	, social security number, employer or other personal ion.
YOU AGREE: ✓ That we can create a computer file with information such as your name and soc	information from your tax return that will not include person
 ✓ That we can use non-identifying inform in support of the VITA program. ✓ That we can share information with you 	ation from your tax return to prepare reports and applications about community services that may be available to you.
 ✓ That we can use non-identifying inform in support of the VITA program. ✓ That we can share information with your lower the taxpayer(s) have read the above information. 	ation from your tax return to prepare reports and applications about community services that may be available to you.
 ✓ That we can use non-identifying inform in support of the VITA program. ✓ That we can share information with your l/we the taxpayer(s) have read the above information for the purposes stated all 	ation from your tax return to prepare reports and applications about community services that may be available to you. rmation and hereby CONSENT to the tax preparer's Use of Tabove. Date

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.