

LTM Customer Information

1. What is your gender?
 - ☐ Male
 - ☐ Female
2. Are you a Veteran?
 - ☐ Yes
 - ☐ No
3. What is your Race?
 - ☐ Black or African American
 - ☐ White
 - ☐ American Indian/Alaskan native
 - ☐ Asian
 - ☐ Multi Race – any 2 or more
 - ☐ Native Hawaiian/Pacific Islander
 - ☐ Other
4. Are you Hispanic, Latino or Spanish origin?
 - ☐ Yes
 - ☐ No
5. Are you disabled?
 - ☐ Yes
 - ☐ No
6. What is your work status?
 - ☐ Employed full time
 - ☐ Employed part time
 - ☐ Migrant Seasonal farm worker
 - ☐ Unemployed (short term, 6 months or less)
 - ☐ Unemployed (long term, more than 6 months)
 - ☐ Unemployed (not in labor force)
 - ☐ Retired
7. Are you seeking employment?
 - ☐ Yes
 - ☐ No
8. What is your highest level of completed education?
 - ☐ 0-8th grade
 - ☐ 9th-12th grade
 - ☐ High school grad or GED
 - ☐ Some post-secondary education
 - ☐ 2 or 4 year college graduate
9. What is your Housing Type?
 - ☐ I rent
 - ☐ I own my home
 - ☐ I am homeless
 - ☐ Other (I live with someone who rents or owns a home)
10. Is English the main language spoken in your home?
 - ☐ Yes
 - ☐ No
11. If you desire a direct deposit of your refund into your checking or savings account, please furnish the following:

Bank Name: _____

☐ Checking or ☐ Savings

Account Number: _____

Routing Number: _____
12. What is the best way to reach you?
 - ☐ Phone @ _____
 - ☐ Email @ _____
 - ☐ Text using above phone number
13. Identity Protection Pin, if issued _____
14. Do you own a mobile home?
 - ☐ Yes
 - ☐ No
15. If you are a mobile home owner, would you be interested in someone from United Way contacting you for a free tax assessment to lower your tax liability? If you qualify, all fees/paperwork/court fees etc. will be taken care of at no cost to you.
 - ☐ Yes
 - ☐ No

Consent to Disclose Tax Return Information to the Chester County Department of Community Development

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 did not specify the duration of your consent, your consent is valid for one year from the date of signature.

Terms:

A small sample of the Life Transforming Ministries VITA program files are audited each year by the Chester County Department of Community Development (CCDCD) to ensure we adhere to all relevant regulations. This requires a CCDCD monitor to review the intake forms and source documents we use to file each return. Since your return may be selected for review by CCDCD we are providing this consent, which is valid through December 31, 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.

Consent:

I/we, the taxpayer(s), have read the above information and consent to the disclosure of tax return information described in the LTM VITA terms.

Primary taxpayer signature

Date

Secondary taxpayer 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 email at complaints@tigta.treas.gov.