

LTM Customer Information

(Provide answers below for the Primary taxpayer only)

Name: _____

I would like to set up a portal to sign my final return without coming back to the office Yes No, I'll come back to sign

If you prefer a direct deposit of your tax refund into your checking or savings account, kindly provide the following details:

Bank Name: _____ Checking Savings

Routing Number: _____ Account Number _____

If applicable, please furnish your IRS-Issued six digit Identity Protection Pin number _____

Which School District do you belong to? _____

- | | |
|---|---|
| <p>1. What is your gender?
 <input type="checkbox"/> Male
 <input type="checkbox"/> Female
 <input type="checkbox"/> Prefer not to answer</p> <p>2. What is your current employment status?
 <input type="checkbox"/> Employed full time
 <input type="checkbox"/> Employed part time
 <input type="checkbox"/> Migrant Seasonal farm worker
 <input type="checkbox"/> Unemployed (short term, 6 months or less)
 <input type="checkbox"/> Unemployed (long term, more than 6 months)
 <input type="checkbox"/> Unemployed (not in labor force)
 <input type="checkbox"/> Retired</p> <p>3. What is the highest level of education you have completed?
 <input type="checkbox"/> 0-8th grade
 <input type="checkbox"/> 9th-12th grade
 <input type="checkbox"/> High school grad or GED
 <input type="checkbox"/> Some post-secondary education
 <input type="checkbox"/> 2 or 4 year college graduate</p> <p>4. What type of housing do you currently occupy?
 <input type="checkbox"/> I rent
 <input type="checkbox"/> I own my home
 <input type="checkbox"/> I am homeless
 <input type="checkbox"/> Other (I live with someone who rents or owns a home)</p> | <p>5. If you own a mobile home in Chester County, would you be interested in potentially reducing your tax assessment by up to 70%? If eligible, all fees, paperwork, and court costs will be covered at no cost to you.
 <input type="checkbox"/> Yes
 <input type="checkbox"/> No
 <input type="checkbox"/> Not a Chester County Resident
 <input type="checkbox"/> Does not own a mobile home</p> <p>6. If you reside in Chester County, are you interested in receiving free assistance from a financial navigator to help you achieve your financial goals?
 <input type="checkbox"/> Yes
 <input type="checkbox"/> No
 <input type="checkbox"/> Not a Chester County resident</p> <p>7. Would you consider volunteering with VITA next year? No experience is needed to be a greeter or tax preparer. We train and offer flexible hours during the day, evenings or weekends to choose from, including multiple locations.
 <input type="checkbox"/> Yes
 <input type="checkbox"/> No</p> |
|---|---|

If claiming dependents, please answer the following questions for each one:

Dependent's name	Is this person a qualifying child of any other person?	Is this person a qualifying relative of any other person?	Did this person earn less than \$5,050 of income?	Did you provide more than 50% of support & maintaining a home for this person?

I/we confirm that the information provided is accurate and that, as the taxpayer, I understand I am responsible for the information sent to the Internal Revenue Service.

I/we give Life Transforming Ministries VITA administration permission to use my name, likeness, image, voice, and appearance in photos, videos, audio recordings, digital images, and similar media taken on behalf of the ministry or its partners. The ministry can use these materials for its mission, including videos, publications, ads, websites, social media, and educational materials, without paying me.

I/we release the ministry, its agents, representatives, and assignees from any claims related to the use of my name, likeness, image, voice, or appearance, including privacy invasion, publicity rights, image misappropriation, or defamation claims. This release applies to me, my heirs, legal representatives, and assigns.

This agreement follows Pennsylvania state laws and represents the entire agreement between the parties (subject and photographer). No changes to this agreement are valid unless they are in writing and signed by all parties involved.

Consent:

I/we, the taxpayer(s), after reading the information provided above, confirm its accuracy and provide consent for any photographs taken.

Primary taxpayer signature _____ Date _____

Secondary taxpayer signature _____ Date _____

Department of the Treasury – Internal Revenue Service
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, 2025.

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.