

LTM Customer Information

Name: _____

Email: _____ Phone: _____

- Have you already tried filing your taxes this year Yes No
- I do not need to file but request a paper copy to submit for a rent rebate Yes No
- Do you make more than \$70,000? Yes No (If you do, there is a possibility you are out of scope for VITA)
- Check off the different ways we may contact you Phone Email Text
- How do you wish to sign your completed return..... Electronically (Requires valid email address) Physically at the site
- If you desire a direct deposit of your refund into your checking or savings account, please furnish the following:
Bank Name: _____ Checking or Savings
Routing Number: _____ Account Number _____
- Identity Protection Pin number issued by the IRS, if applicable _____
- Amount of charitable contributions in cash/check/credit card in 2022 \$ _____
- What is your School District _____

1. What is your gender?

- Male
- Female

2. 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 mths)
- Unemployed (not in labor force)
- Retired

3. 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

4. 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)

5. If you are a **Chester County mobile home owner**, would you be interested in possibly lowering your tax assessment up to 70%? If you qualify, all fees/paperwork/court fees etc. will be taken care of at no cost to you.

- Yes
- No

6. If you live in **Chester County**, are you interested in having a financial navigator help you, free of charge, reach your financial goals?

- Yes
- No

I agree that the information provided above is true and correct.

I also hereby grant to Life Transforming Ministries VITA administration the absolute and irrevocable right and unrestricted permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the ministry or its partners. I agree that the ministry has complete ownership of such material and can use said material for any purpose consistent with the ministry's mission. These uses include, but are not limited to, videos, publications, advertisements, news releases, Web sites, Facebook, and any promotional or educational materials in any medium. I acknowledge that I will not receive any compensation for the use of such images, video, likeness, etc.

I hereby release and discharge the ministry, and its agents, representatives and assignees from any and all claims and demands arising out of or in connection with the use of my name, likeness, image, voice and/or appearance, including any and all claims for invasion of privacy, right of publicity, misappropriation or misuse of image, and/or defamation.

This release shall be binding upon me, my heirs, legal representatives, and assigns. This agreement is being made and entered into under the laws of the State of Pennsylvania and shall be governed and interpreted in accordance with the laws of said state. This agreement embodies the entire agreement of the parties (subject and photographer). No modification of this agreement shall be of any effect unless it is made in writing and signed by all of the parties to the agreement.

Consent:

I/we, the taxpayer(s), have read the above and fully understand, and consent to its contents.

Primary taxpayer signature

Date

Secondary taxpayer signature

Date

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, 2022.

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.