Form **14446**

Department of the Treasury - Internal Revenue Service

(August 2016)

Virtual VITA/TCE Taxpayer Consent

OMB Number 1545-2222

This form is required whenever the taxpayer's tax return is completed and/or quality reviewed in a non-face-to-face environment. The site must explain to the taxpayer the process this site will use to prepare the taxpayer's return. If applicable, taxpayers must also be advised of all procedures and the associated risk if their data will be transferred from one site location to another site location (using process C or D).

| Part I - To be completed by the VITA/TCE site: | | | |
|--|---|--|--|
| Main/Intake site name | | | |
| Site address (Street, City, State, ZIP Code) | | | |
| Site identification number (SIDN) | Site coordinator name | | |
| Site contact name | Site contact telephone number | | |
| This site is using the following Virtual VITA/TCE method(s) to p | repare your tax return: | | |
| A. <u>Temporary VITA/TCE Contingency Plan:</u> This site uses a software outages, or if sufficient certified preparers/quality re | temporary drop off process when there are internet shut downs, eviewer(s) are not available on-site. | | |
| | ne same site but at a later time. In this process, you will come back inpleted tax return. The site will explain the method it will use to | | |
| identifiable information (social security numbers, Form W-2 and of the tax return at another location. In this process, the taxpay or more of the following reasons; interviewing the taxpayer, taxpayer will come back to the intake site for the quality review. | liew Site: This method includes the taxpayer leaving their personal other documents) at the site in order to prepare and/or quality review ver's tax return information <u>may</u> be sent to another location for one preparing the tax return, or performing a quality review. The ew or to sign the completed tax return. If necessary, the site will diditional information is needed while preparing or quality reviewing | | |
| Your personal information will be transferred to the other location by: | | | |
| E-mail | | | |
| ☐ Fax | | | |
| ☐ Mail | | | |
| Other (explain) | | | |
| D. Other Approved Method (explain) | | | |
| | | | |
| Site Contact Information (site information for the site that will receive the ta | xpayers information to prepare and/or quality review their tax return, if known) | | |
| Site address (Street, City, State, ZIP Code) | | | |
| SIDN | Site coordinator name | | |
| Site contact name | Site contact telephone number | | |

| Page two of this form will be maintained at the site with all other required documents. | | | | | |
|---|--|---|--|--|--|
| Part II: The P | rocess: | | | | |
| During the Inta | ke Process you will need to: | | | | |
| Sign this I | Form 14446. | | | | |
| Complete | Complete the Form 13614-C, Intake/Interview & Quality Review Sheet. | | | | |
| Have all re | Have all required information/documentation necessary to prepare an accurate tax return. | | | | |
| o Pictu | re Identification for yourself and spouse (if applicate | ile). | | | |
| | | * * | , Expenses and Life Events listed on Form 13614-C. | | |
| spou | o Social security cards (or other allowed social security verification documents) or Individual Tax Identification Numbers for you, spouse and potential dependents (if applicable). | | | | |
| - | other documents required to prepare an accurate | | | | |
| • | e in an Interview with the volunteer to address all deverything they need to prepare your tax return. | of the information p | provided on Form 13614-C to ensure the preparer | | |
| During the Ret | urn Preparation Process: | | | | |
| you are ta | ary, you may be contacted for additional informationally alking to the appropriate site contact and they are contact has everything required to prepare the return | discussing your ret | | | |
| During the Qua | ality Review Process you (and your spouse if a | pplicable) will ha | ve to: | | |
| | e during the Quality Review process. | | | | |
| | ct. This is important because you and your spouse | | rs, address, banking information, income, expenses Itimately responsible for all of the information on the | | |
| | n 8879, IRS e-file Signature Authorization, after Qu | uality Review is co | mpleted. | | |
| Part III: Taxpa | ayer Consents: | | | | |
| Request to Rev | view your Tax Return for Accuracy: | | | | |
| select free any perso accurately services p | e tax preparation sites for review. If errors are iden and information from your reviewed tax return and prepared tax returns. If you do not wish to have y | tified, the site will r this allows them to our return included | eturn at the volunteer site, IRS employees randomly make the necessary corrections. IRS does not keep or rate our VITA/TCE return preparation programs for d as part of the review process, it will not affect the , do you consent to having your return reviewed for | | |
| ☐ Yes | □ No | | | | |
| Request to use | the Virtual VITA/TCE Process: | | | | |
| If you agree this docur you. (If this | ee to have your tax return prepared and your tax d ment. Signing this document means that you are a | greeing to the prod | If in the above manner, your signature is required on cedures stated above for preparing a tax return for ent.) If you chose not to sign this form, we may not | | |
| Printed name | | Printed name (| Printed name (Spouse if Married Filing Joint) | | |
| Date of birth | Last four digits Social Security/ITIN number | Date of birth | Last four digits Social Security/ITIN number | | |
| Signature | | Signature | | | |
| | 1= | 1 | 1= | | |
| Date | Telephone number | Date | Telephone number | | |
| Email address | | Email address | Email address | | |