Welcome to Nashua - Hudson VITA
<Tax Preparation Packet>

Our volunteers are ready to assist you in filing your tax return. However, our procedures have changed. Due to the COVID-19 pandemic, we had to adjust our process for the protection of you and our volunteers. The biggest change you will notice is that we are not sitting next to you asking questions about your tax documents.

This means that you will need to fill out more forms to help us provide you with a complete and accurate tax return. This packet contains everything you need to do for us to successfully complete your return.

Do your best to completely fill out the forms. If you have problems filling out these forms, get help from a family member or friend. If you have questions, email them to

Hudson-VITA@comcast.net

We need you to be flexible and understanding as we go down this most unusual road of volunteer service in this pandemic. Our normal 1-day service may be a 3-day or a 7-day service this tax season. It will depend on requirements we must follow due to COVID-19.

************************************************************************************************************************

Part 1 - Getting Ready

Step 1
Review the items in the “Tax Returns We Cannot Prepare” list (page 4)
If your return contains any of the items listed, we will not be able to prepare your return. These items are on the “do not complete” list provided to us by the IRS.
NOTE: Please do not purposely leave these forms out of your drop-off packet. This will result in the IRS assessing penalties/interest at a later date for not including them in your return.

Step 2:
Complete Parts I-V of IRS Form 13614-C Intake Interview & Quality Review Sheet (yellow form) found in the Intake packet. Instructions are listed on the form & in this packet.
Complete Form 15080 (page 4 of the form 13614-C) – Site Transfer Consent
Complete & Sign Form 14446, Part 3 – Virtual VITA/TCE Taxpayer Consent Form
This form is your consent for us to prepare your taxes using a Virtual (no in-person contact) model
If you select “NO” for “I am agreeing to use this site’s Virtual VITA/TCE Process” – We cannot prepare your return
Complete the Virtual VITA Supplemental Personal Information (page 5)
Complete the Virtual VITA Supplemental Tax Questionnaire (page 6)
Complete the Taxpayer Checklist (page 9)
Find your 2019 tax return

Step 3:
Place completed Forms 13614-C, 14446, 15080, Tax Payer Supplemental Questionnaire, Taxpayer Checklist, and your 2019 tax return in an envelope with your name written on the outside

Step 4:
You must gather all your tax documents needed to prepare your return

FOR INCOME INCLUDE THE FOLLOWING
W-2 from each employer.
1099-G form for unemployment compensation or state/local income tax refunds.
SSA-1099 form showing the total Social Security benefits paid to you for the year, or RRB-1099, Tier 1
1099 forms (or other statements) reporting interest (1099-INT), dividends (1099-DIV) and/or proceeds from sales (1099-B), plus documentation showing the original purchase prices if you sold stocks or other assets.

1099-R forms if you received a pension, annuity, or IRA distribution.

1099-NEC, 1099-K, 1099-MISC or other 1099 forms. If you have a business, include a summary list of all your income (cash and non-cash) and all business-related expenses

**FOR PAYMENTS TO THE IRS INCLUDE THE FOLLOWING**

Records of any federal/state/local income tax paid (including quarterly estimated tax payments) other than those included on income forms

**FOR DEDUCTIONS INCLUDE THE FOLLOWING**

Form 1098 (home mortgage interest)
List of medical/dental/vision expenses (doctor, hospital bills, medical insurance premiums, prescription medicines, assisted living services, long-term insurance and bills for medical related home improvements such as ramps and railings)
List of cash and noncash contributions to charity.
2020 Property tax bills (frequently shown on mortgage statement).
Health Insurance 1095-A forms if you purchased insurance through the Marketplace (Exchange)

**FOR CREDITS INCLUDE THE FOLLOWING**

Dependent care provider information – name, address, telephone number and employer ID or Social Security number and amount paid to provider.
1098-T for Education Expenses plus statement of account from the educational institution showing tuition and fees actually paid and scholarships, grants, etc. received. Also bring a summary of any other education expenses such as books, computers, specialty software, etc.
1098-E form for student loan interest

**Part II: Drop-Off Delivery**

**Step 1:**
Call for a drop-off appointment at the Hudson Library (603-886-6030). Place your tax documents in the envelope containing forms 13614-C, 14446, Taxpayer Supplemental Questionnaire, Taxpayer Checklist and 2019 tax return
You must include in the envelope a copy of a Photo ID for Taxpayer & Spouse and a copy of the Social Security Card for everyone on your return **OR** provide driver’s license information and SSA Cards data on the Taxpayer Supplemental Questionnaire
Print your name on the outside of the envelope

**Step 2:**
Bring your envelope to the drop-off site on your scheduled day and time
Deposit your envelope into the lock box

**Step 3:**
WEAR a MASK

**Step 4:**
You will be required to display a photo ID for you and your spouse in a no-contact setting at the site

**Part III: Drop-Off Return Pick-Up**

We will email you a day/time you may pick-up your completed tax return in a no-contact setting
Please wear a mask and bring a pen to sign your return
Both taxpayer and spouse must be present at the site to sign the completed return. IRS regulations prohibit taxpayers from leaving the site to obtain a spouse’s signature
If you and your spouse prefer to file a paper return rather than e-file, email us prior to your scheduled pick-up day/time. We will provide you with instructions on mailing your tax return directly to the IRS. If you do not hear from us within 7-10 days please email us at: Hudson-VITA@comcast.net

DO NOT CALL THE HUDSON LIBRARY WITH QUESTIONS ABOUT YOUR RETURN.
TAX RETURNS WE CANNOT PREPARE

Adjusted Gross Income ≥ $56,844
Alimony/Divorce Agreements Executed Before 1985
Archer Medical Savings Account
Asset Sales other than stocks, mutual funds or taxpayer's personal residence
Bankruptcy – Filed or Finalized in 2020 Bartering
Business Use of Home
Capital Gain/Loss on assets sold other than stocks, mutual funds or taxpayer's personal residence
Cancellation of Debt other than Credit Card. Credit Card is out-of-scope if taxpayer is insolvent.
Casualty Losses (4684)
Children with Unearned Income (Form 8615),
Clergy & Ministers
Educational Savings Accounts distributions if Funds were not used for qualified education expenses, or
distribution was for more than the amount of the qualified expenses
Dual Residency Status Taxpayer
Education Credits using Alternate Pell Grant/ Scholarship Treatment or Prior Year Recapture
Employee Business Expenses (2106)
Farm Income/Loss (Sch F)
Foreclosures (1099-A and 1099-C)
Foreign Tax Credit over $300
Health Savings Account contributions made after eligible for Medicare
Hobby Income or Not-For-Profit Income
International Students
IRA Minimum Distributions not withdrawn when
Medicare Advantage MSA
Mortgage Interest Credit (if Form 8396)
Non-Cash Charitable > $500 on Schedule A
Non-Deductible IRAs (8606)
Non-Resident Alien if No Green Card or Substantial Presence Test & Not Married to a US Citizen or
Resident Alien
State Returns other than MA and NH
Parts 4 & 5 of Form 8962 (Premium Tax Credit)
Pensions, Annuities, and/or IRA distributions Out-of-Scope:
  if more than 1 IRA Rollover in 12 mos.)
  if IRA/SEP/SIMPLE Box checked and Box 7 has code: 5, 6, 8, 9, A, E, J, K, N, P, R, T, U, W
Self-Employed if:
  Expenses > $35,000
  Depreciation/Amortization
  Accrual Method
  Inventory at any time during the year
  Employees or Paid Contract Labor
  Business Use of Home
  Net Loss Prior Year Unallowed
  Passive Activity
  Have Marketplace Premium Tax
Self-Employed Health Insurance Deduction if also have Marketplace Insurance Premium Tax Credit
State Income Tax Refunds received during the tax year for a year other than the previous tax year
VISAS F, J, M, Q
Virtual Currency: Trade in bitcoin, options, futures or other commodities
Worthless Securities.

QUESTIONS EMAIL: Hudson-VITA@comcast.net
Virtual VITA
Supplemental Personal Information

We will not be sitting next to you this tax season and won’t be able to ask you these questions. We need your answers to guide us in preparing your tax return.

Name: _________________________   Cell Phone: ____________________
Email: _________________________    Home Phone: __________________

How would you like us to contact you?       Phone           Text           Email

Did you have a significant financial event in 2020, e.g., have a baby or get divorced)? Yes ☐ No ☐

Explain:____________________________________________________________________________________

IF YOU DID NOT INCLUDE A COPY OF YOUR AND YOUR SPOUSE’S PHOTO ID AND SOCIAL SECURITY CARDS YOU MUST COMPLETE THE FOLLOWING:

Taxpayer Name (as it appears on prior return or SS card):
First: _____________________ Middle: ________________ Last: _____________________
Security Number _________________   Taxpayer Confirmation (initials) __________
State Issued Driver License Information
Issuing State _____ License # __________ Issue Date ________Expiration Date: __________

Spouse Name (as it appears on prior return or SS card):
First: _____________________ Middle: ________________ Last: _____________________
Security Number _________________   Taxpayer Confirmation (initials) __________
State Issued Driver License Information
Issuing State _____ License # __________ Issue Date ________Expiration Date: __________

SOCIAL SECURITY INFORMATION (REQUIRED FOR ALL PERSONS LISTED ON THE TAX RETURN)

Name (as it appears on prior return or SS card):
First: _____________________ Middle: ________________ Last: _____________________
Security Number _________________   Taxpayer Confirmation (initials) __________
Name (as it appears on prior return or SS card):
First: _____________________ Middle: ________________ Last: _____________________
Security Number _________________   Taxpayer Confirmation (initials) __________
Name (as it appears on prior return or SS card):
First: _____________________ Middle: ________________ Last: _____________________
Security Number _________________   Taxpayer Confirmation (initials) __________
Virtual VITA
Supplemental Tax Questionnaire

Direct Deposit Information
Type of account: Checking____ Savings____
Bank Name: ____________________________________________
Routing number: _______________________________________
Account number: ___________________ Taxpayer/Spouse Confirmation (Initials) __________

If you answered "Yes" to Question 3, Part III, Form 13614-C complete the following:

COMPLETE IF NO FORM 1098-T WAS RECEIVED
Student’s Name: ________________________________
College Name: __________________________________
Address: _______________________________________

COMPLETE EVEN IF A FORM 1098-T WAS RECEIVED
What was purpose for taking these courses?

☐ College Degree  ☐ Acquire Trade Skills  ☐ Improve Job Skills  ☐
Other - Please Explain: _________________________________________________________

Was the student enrolled at least half time?  Yes ☐ NO ☐
Has the student previously completed 4 years of post-secondary education?  Yes ☐ No ☐
Was the grant or scholarship unrestricted (could be spent on anything)?  Yes ☐ No ☐
How much did the student spend on required books, materials or equipment? $_______________
Where did the student buy those books e.g., online, college bookstore? _______________________

Did you provide more than one-half of the student’s support?  Yes ☐ No ☐
Did the student’s total scholarship(s) and/or grant(s) exceed the tuition?  Yes ☐ No ☐
Does student have a felony conviction for possession/distribution of a controlled substance? Yes ☐ No ☐

If you answered "Yes" to Question 6, Part III, Form 13614-C complete the following:

Did you pay alimony?  How much? $_________ Per month/year (circle correct one)
Did you receive alimony? How much? $_________ Per month/year (circle correct one)
Were you divorced before January 1, 2019?  Yes ☐ No ☐
If you answered “Yes” to Questions 7 & 8, Part III, or Question 7, Part IV, Form 13614-C complete the following:

What type of work did you do to earn this income? ____________________________

In addition to any Form 1099-NEC or K1, did you receive cash/check $______________?

If you had expenses, please include a separate list of expense items and associate amounts.

Do your expenses include mileage? Yes ☐ No ☐ If yes, please complete the following:

Year, make, and model of vehicle: ____________________________________________

When did you begin using this vehicle for business purposes? _________________

How many miles did you drive for the following:

Business (not including home to work, work to home) miles ____________

Commuting (home to work, work to home) miles ________________

Other miles ________________

Do you have written proof of your business mileage? Yes ☐ No ☐

Do you have another vehicle for personal use? Yes ☐ No ☐

COVID-19 questions (Answer only for the period 1 Apr – 31 Dec)

Were you unable to work due to quarantine or symptoms? Yes ☐ No ☐

How many days were you unable to work? ____________________________

Were you unable to work because you were caring for someone who was quarantined or had symptoms, or your child’s school was closed, or your child-care provider was unavailable? Yes ☐ No ☐

How many days were you unable to work? ____________________________

Were you unable to work because you were caring for a son/daughter (<18 yrs or disabled) whose school or place of care was closed, or whose child-care provider was unavailable? Yes ☐ No ☐

How many days were you unable to work? ____________________________

If you answered “Yes” to Question 11, Part III, Form 13614-C complete the following:

Are you a retired Public Safety Officer? Yes ☐ No ☐

Did you pay for health insurance out of your pension? Yes ☐ No ☐

Did you contribute to your pension? Yes ☐ No ☐

When did you receive the first payment from your pension (MM/DD/YEAR)? ________________

Did you withdraw retirement money this year? Yes ☐ No ☐

Were you or your tax family financially impacted by COVID-19? Yes ☐ No ☐

This money is taxable, but you can spread it out over 3 years to lower your tax.

I want to report all of it in 2020? Yes ☐ No ☐

I want to report equal parts in 2020, 2021 and 2022? Yes ☐ No ☐

I put some money back into the account in 2020? Yes ☐ No ☐

If you put some back, what is the name of the:

Account Holder: __________________________________________ Amount: $________________________
If you answered “Yes” to Question 5, Part IV, Form 13614-C complete the following:

Please provide the following information:

Childcare provider’s EIN, SSN, or ITIN: ________________

Childcare provider’s address: (street, city, state) __________________________________________________________________________

Child/Dependent Name: ___________________________________________________________ Expenses
1. ___________________________________ $______________________________
2. ___________________________________ $______________________________

If you answered “Yes” to Question 1, Part V, Form 13614-C complete the following:

What type of HSA do you have?   Self-Only ☐ Family ☐

If you made contributions to your HSA, were they pre-tax?   Yes ☐ No ☐ Unsure

How many months during the year were you eligible for your HSA? _________________ months

If you took distributions from your HSA, were they for qualified medical expenses only?     Yes ☐ No ☐

List (by category) the medical expenses paid from your HSA account
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

If you answered “Yes” to Question 7, Part V, Form 13614-C complete the following:

Did you make estimated tax payments during 2020?  Yes ☐ No ☐

If yes, please fill in the amounts:

Fed Q1 $____________________________
Fed Q2 $____________________________
Fed Q3 $____________________________
Fed Q4 $____________________________

If you answered “Yes” to Question 10, Part V, Form 13614-C complete the following:

Did you receive an Economic Impact Payment (EIP)? Yes ☐ No ☐

What was the EIP amount? $____________________________

Did you claim any dependents on last year’s tax return?

If so, how many? ______________

If you answered “Yes” to Question 4, Page 3, Form 13614-C complete the following:

If you request direct payment of any amount due, you can specify the date the direct debit will be taken from your account ______/_______/____________

01/12/2021
Taxpayer Checklist
LINE THROUGH THE ITEMS AS YOU PLACE IN THE ENVELOPE
AND RECHECK THE REMAINING ITEMS TO ENSURE THEY ARE NOT NEEDED

2019 tax return
Taxpayer & Spouse photo ID (OR Completed on the Supplemental Personal Information Sheet)
Social Security cards for everyone (OR Completed on the Supplemental Personal Information Sheet)
Identity Protection PIN (if applicable)

INCOME
W-2’s
1099-G Unemployment
SSA-1099 Social Security
All 1099 Forms
Income from self-employment
Expenses
Self-Employment Expenses
Payments
Federal & State estimated tax
Deductions
Standard
Itemized
  home mortgage Interest
taxes paid
charitable donations
charitable cash contributions
medical/dental/vision expenses
prescriptions
assisted living expenses
long term insurance premiums
medical & charitable mileage

HEALTH INSURANCE Form 1095-A Marketplace Insurance

CREDITS
Dependent Care
1098-T Education Expense
1098-E Student Loan Interest
F1444 Economic Impact Payment Letter

FORMS
13614-C
14446
15080 (Included with Form 13614-C)
Supplemental Personal Information
Supplemental Tax Questionnaire
State of NH tax documents
State of MA tax documents

E-File OR Paper Return Determination
**Intake/Interview & Quality Review Sheet**

**You will need:**
- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

**Part I – Your Personal Information**

1. **Your first name**  
   M.I.  
   Last name  
   Daytime telephone number  
   Are you a U.S. citizen?  
   Yes  
   No

2. **Your spouse’s first name**  
   M.I.  
   Last name  
   Daytime telephone number  
   Is your spouse a U.S. citizen?  
   Yes  
   No

3. **Mailing address**  
   Apt #  
   City  
   State  
   ZIP code

4. **Your Date of Birth**

5. **Your job title**

6. **Last year, were you:**
   a. Full-time student  
   Yes  
   No  
   b. Totally and permanently disabled  
   Yes  
   No  
   c. Legally blind  
   Yes  
   No

7. **Your spouse’s Date of Birth**

8. **Your spouse’s job title**

9. **Last year, was your spouse:**
   a. Full-time student  
   Yes  
   No  
   b. Totally and permanently disabled  
   Yes  
   No  
   c. Legally blind  
   Yes  
   No

10. **Can anyone claim you or your spouse as a dependent?**  
    Yes  
    No  
    Unsure

11. **Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN?**  
    Yes  
    No

**Part II – Marital Status and Household Information**

1. **As of December 31, 2020, what was your marital status?**
   - Never Married  
   - Married  
   (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
   - Divorced
   - Legally Separated
   - Widowed

   a. If Yes, Did you get married in 2020?  
   Yes  
   No

   b. Did you live with your spouse during any part of the last six months of 2020?  
   Yes  
   No

   Date of final decree
   Date of separate maintenance decree
     Year of spouse’s death

2. **List the names below of:**
   - everyone who lived with you last year (other than your spouse)
   - anyone you supported but did not live with you last year

   **Name**  
   **Date of Birth**  
   **Relationship to you**  
   **Number of months lived in your home last year**  
   **US Citizen**  
   **Resident of US, Canada, or Mexico last year?**
   **Single or Married as of 12/31/20 (S/M)**  
   **Full-time Student last year?**  
   **Totally and Permanently Disabled**

   Is this person a qualifying child/relative of any other person?  
   Yes  
   No

   Did this person provide more than 50% of his/her own support?  
   Yes, No, N/A

   Did this person have less than $4,300 of income?  
   Yes, No, N/A

   Did the taxpayer(s) provide more than 50% of support for this person?  
   Yes, No, N/A

   Did the taxpayer(s) pay more than half the cost of maintaining a home for this person?  
   Yes, No

   **To be completed by a Certified Volunteer Preparer**

**Volunteers are trained to provide high quality service and uphold the highest ethical standards.**

**To report unethical behavior to the IRS, email us at wi.voltax@irs.gov**
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Part III – Income – Last Year, Did You (or Your Spouse) Receive</th>
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<tbody>
<tr>
<td></td>
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<td>1. (B) Wages or Salary? (Form W-2) <strong>If yes, how many jobs did you have last year?</strong> _______</td>
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<td>2. (A) Tip Income?</td>
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<td>3. (B) Scholarships? (Forms W-2, 1098-T)</td>
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<td>4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)</td>
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<td>5. (B) Refund of state/local income taxes? (Form 1099-G)</td>
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<td>6. (B) Alimony income or separate maintenance payments?</td>
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<td>7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash)</td>
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<td>8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?</td>
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<td>9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)</td>
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<td>10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)</td>
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<td>11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)</td>
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<td>12. (B) Unemployment Compensation? (Form 1099G)</td>
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<td>13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)</td>
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<td>14. (M) Income (or loss) from Rental Property?</td>
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<td>15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify _______</td>
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<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay</th>
</tr>
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<tr>
<td></td>
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<td>1. (B) Alimony or separate maintenance payments? <strong>If yes, do you have the recipient’s SSN?</strong> □ Yes □ No</td>
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<td>2. Contributions to a retirement account? □ IRA (A) □ 401K (B) □ Roth IRA (B) □ Other</td>
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<td>3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)</td>
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<td>4. Any of the following? □ (A) Medical &amp; Dental (including insurance premiums) □ (A) Mortgage Interest (Form 1098)</td>
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<td>□ (A) Taxes (State, Real Estate, Personal Property, Sales) □ (B) Charitable Contributions</td>
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<td>5. (B) Child or dependent care expenses such as daycare?</td>
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<td>6. (B) For supplies used as an eligible educator such as a teacher, teacher’s aide, counselor, etc.?</td>
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<td>7. (A) Expenses related to self-employment income or any other income you received?</td>
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<td>8. (B) Student loan interest? (Form 1098-E)</td>
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</tbody>
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<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Part V – Life Events – Last Year, Did You (or Your Spouse)</th>
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<tbody>
<tr>
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<td>1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)</td>
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<td>2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)</td>
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<td>3. (A) Adopt a child?</td>
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<td>4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? <strong>If yes, for which tax year?</strong> _______</td>
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<td>5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)</td>
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<td>6. (A) Receive the First Time Homebuyers Credit in 2008?</td>
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<td>7. (B) Make estimated tax payments or apply last year’s refund to this year’s tax? <strong>If so how much?</strong></td>
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<td>8. (A) File a federal return last year containing a “capital loss carryover” on Form 1040 Schedule D?</td>
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<td>9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]</td>
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<td>10. (B) Receive an Economic Impact Payment (stimulus) in 2020?</td>
</tr>
</tbody>
</table>
Additional Information and Questions Related to the Preparation of Your Return

1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) ___________________________  

2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)  
   - Yes  
   - No  
   - You  
   - Spouse  

3. If you are due a refund, would you like:  
   a. Direct deposit  
   b. To purchase U.S. Savings Bonds  
   c. To split your refund between different accounts  
   - Yes  
   - No  

4. If you have a balance due, would you like to make a payment directly from your bank account?  
   - Yes  
   - No  

5. Did you live in an area that was declared a Federal disaster area?  
   - Yes  
   - No  
   - If yes, where? ___________________________  

6. Did you, or your spouse if filing jointly, receive a letter from the IRS?  
   - Yes  
   - No  

Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.

7. Would you say you can carry on a conversation in English, both understanding & speaking?  
   - Very well  
   - Well  
   - Not well  
   - Not at all  
   - Prefer not to answer  

8. Would you say you can read a newspaper or book in English?  
   - Very well  
   - Well  
   - Not well  
   - Not at all  
   - Prefer not to answer  

9. Do you or any member of your household have a disability?  
   - Yes  
   - No  
   - Prefer not to answer  

10. Are you or your spouse a Veteran from the U.S. Armed Forces?  
    - Yes  
    - No  
    - Prefer not to answer  

11. Your race?  
    - American Indian or Alaska Native  
    - Asian  
    - Black or African American  
    - Native Hawaiian or other Pacific Islander  
    - White  
    - Prefer not to answer  

12. Your spouse’s race?  
    - American Indian or Alaska Native  
    - Asian  
    - Black or African American  
    - Native Hawaiian or other Pacific Islander  
    - White  
    - Prefer not to answer  

13. Your ethnicity?  
    - Hispanic or Latino  
    - Not Hispanic or Latino  
    - Prefer not to answer  

14. Your spouse’s ethnicity?  
    - Hispanic or Latino  
    - Not Hispanic or Latino  
    - Prefer not to answer  

Additional comments ____________________________________________________________  
_____________________________________________________________________________  
_____________________________________________________________________________  
_____________________________________________________________________________  
_____________________________________________________________________________  

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Catalog Number 52121E  
www.irs.gov  
Form 13614-C (Rev. 10-2020)
Consent to Disclose Tax Return Information to VITA/TCE Tax Preparation Sites

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

Terms:
Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software, to make your tax return information available to ANY volunteer site participating in the IRS’s VITA/TCE program that you select to prepare a tax return in the next filing season. This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year. This consent is valid through November 12, 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.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year. Global Carry Forward will assist you only if you visit a different VITA or TCE partner next year that uses TaxSlayer.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 12, 2022). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

Limitation on the Scope of Disclosure: I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Consent:
I/we, the taxpayer, have read the above information.

I/we hereby consent to the disclosure of tax return information described in the Global Carry Forward terms above and allow the tax return preparer to enter a PIN in the tax preparation software on my behalf to verify that I/we consent to the terms of this disclosure.

Primary taxpayer printed name and signature
Date

Secondary taxpayer printed name and 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 e-mail at complaints@tigta.treas.gov.
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.

Part I - To be completed by the VITA/TCE site:

Site name
RODGERS MEMORIAL LIBRARY

Site address (street, city, state, zip code)
194 DERRY ROAD
HUDSON, NH 03051

Site identification number (SIDN)  Site coordinator name
S21061800  STEVE MANDRA

Site contact name  Site contact telephone number
LINDA PILLA  (603) 886-6030

This site is using the following Virtual VITA/TCE method(s) to prepare your tax return:

☐ A. Drop Off Site: This site uses a drop off process which includes the site maintaining personal identifiable information (social security numbers, Form W-2, etc.) to prepare the tax return at the same site but at a later time. In this process, you will come back to the same site for the quality review and/or signing the completed tax return. The site will explain the method it will use to contact you if additional information is needed to prepare and/or quality review the tax return.

☒ B. Intake Site: This method includes the taxpayer leaving their personal identifiable information (social security numbers, Form W-2 and other documents) at the site in order to prepare and/or quality review the tax return at another location. In this process, the taxpayer’s tax return information may be sent to another location for one or more of the following reasons; interviewing the taxpayer, preparing the tax return, or performing a quality review. The taxpayer may come back to the intake site for the quality review or to review and sign the completed tax return.

☐ C. Return Preparation and/or Quality Review Only Site: This site may receive returns from one or more intake sites to prepare and/or quality review returns. This site generally does not take walk-in or appointments from other taxpayers in their location.

☐ D. Combination Site: This site prepares returns for other permanent or temporary intake sites as well as assisting walk in and/or appointment only taxpayers within their location.

☐ E. 100% Virtual VITA/TCE Process: This method includes non face-to-face interactions with the taxpayer and any of the VITA/TCE volunteers during the intake, interview, return preparation, quality review, and signing the tax return. The taxpayer will be explained the full process and is required to consent to step-by-step process used by the site. This includes the virtual procedures to send required documents (social security numbers, Form W-2 and other documents) through a secured file sharing system to a designated volunteer for review.
**Part II: The Sites Process:**

Explain how each process will be followed to assist taxpayers remotely. How will the site manage:

1. **Scheduling the appointment**
   Taxpayers will contact a published site appointment line, make on-line appointments through the VITA Site Locator, or be contacted directly by a VITA volunteer to set up an appointment after the taxpayer submits a request for service.

2. **Securing Taxpayer Consent Agreement**
   Taxpayer receives a detailed explanation of the intake, preparation, quality review, return approval, e-filing and file deletion processes verbally over the phone when initial contact is made and in written form delivered by email sent to the taxpayer or in hard copy picked up at the site. Taxpayer receives a prefilled 14446 and is instructed to bring the signed 14446 to their appointment along with all of their tax documents.

3. **Performing the Intake Process (secure all documents)**
   Taxpayer arrives for their appointment, presents photo identification, the signed 14446, and an Intake Booklet (13614-C) completed to the best of the taxpayer's ability. All of the taxpayers' documents, photo IDs, Social Security cards, 13614C, 14446 and taxpayers leaves the site with all hard copy documents. A certified Volunteer contacts taxpayer using video conference or telephone to conduct a complete intake interview.

4. **Validating taxpayer's authentication (Reviewing photo identification & Social Security Cards/ITINS)**
   Taxpayer ID is verified during the initial appointment (step 3 above) and verified again by the Volunteer conducting the intake interview. Social Security numbers will be verified verbally and using the required copy of taxpayer's most recent Federal tax return. If taxpayer is unable to participate in a video conference, the Volunteer will ask several questions designed to confirm the taxpayer's identity.

5. **Performing the interview with the taxpayer(s)**
   An appointment will be scheduled with the taxpayer for the intake interview. The intake interview will be conducted by a certified Volunteer either using video conferencing or, if the taxpayer does not have video conference capability, the interview will be conducted by telephone.

6. **Preparing the tax return**
   Each return will be prepared by a certified Volunteer with restricted access to the taxpayer's document files. Access to the electronic files will be restricted to the Volunteers designated to prepare and quality review the taxpayers' return. All returns will be prepared using Taxslayer Pro Online software over a secure Internet connection. The Volunteer will contact the taxpayer by telephone to resolve any questions that arise during preparation of the return.

7. **Performing the quality review**
   A second certified Volunteer will quality review the return, contacting the taxpayer by telephone to conduct a QR interview and referencing the taxpayers' documents files.

8. **Sharing the completed return**
   The completed return and Form 8879 will be emailed to the taxpayer using encryption software to transmit a password protected PDF of each document. A certified Volunteer will contact the taxpayer using video conference or a telephone call to review the completed return with the taxpayer and make any necessary corrections/edits or answer taxpayer questions about the return.

9. **Signing the return**
   The Form 8879 will be explained to the taxpayer once the return has been approved. The taxpayer will be instructed to digitally sign the 8879 and email it to the site email account with which the taxpayer has been corresponding since we began working on the return.

10. **E-filing the tax return**
    The return will be e-filed within 24 hours of receiving the signed Form 8879 from the taxpayer. Any e-file rejection will be addressed with the taxpayer via telephone. All of the taxpayers' document files, including the signed 8879, will be deleted within 48 hours of the return being accepted or 14 days following original receipt of the files. NOTE: Exception will be for 'in-process' returns pending receipt of additional information/documents from the taxpayers.
Page three of this form will be maintained at the site with all other required documents.

**Part III: Taxpayer Consents:**

**Request to Review your Tax Return for Accuracy:**

To ensure you are receiving quality services and an accurately prepared tax return at the volunteer site, IRS employees randomly select free tax preparation sites for review. If errors are identified, the site will make the necessary corrections. IRS does not keep any personal information from your reviewed tax return and this allows them to rate our VITA/TCE return preparation programs for accurately prepared tax returns. If you do not wish to have your return included as part of the review process, it will not affect the services provided to you at this site. If the site preparing this return is selected, do you consent to having your return reviewed for accuracy, by an IRS employee?

☐ Yes  ☐ No

**Virtual Consent Disclosure:**

If you agree to have your tax return prepared and your tax documents handled in the above manner, your signature and/or agreement is required on this document. Signing this document means that you are agreeing to the procedures stated above for preparing a tax return for you. (If this is a Married Filing Joint return both spouses must sign and date this document.) If you chose not to sign this form, we may not be able to prepare your tax return using this process. Since we are preparing your tax return virtually, we have to secure your consent agreeing to this process. If you consent to use these non-IRS virtual systems to disclose or use your tax return information, Federal law may not protect your tax return information from further use or distribution in the event these systems are hacked or breached without our knowledge. 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 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. While the IRS is responsible for providing oversight requirements to Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) programs, these sites are operated by IRS sponsored partners who manage IRS site operations requirements and volunteer ethical standards. In addition, the locations of these sites may not be in or on federal Property.

I am agreeing to use this site's Virtual VITA/TCE Process  ☒ Yes  ☐ No

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NH PROPERTY TAX RELIEF

Are you a homeowner and pay property tax in NH?

If so, you may qualify for a rebate on the property taxes you paid in 2020.

To see if you qualify, look at line 11 of the 1040 or 1040-SR we prepared for you.

- If you file as Single, line 11 must be $20,000 or less.
- If you file Married Filing Jointly or Head of Household, line 11 must be $40,000 or less

If your income is within those ranges, we will be happy to help you fill out the necessary form.

You will only need a copy of your 2020 income tax return and your December 2020 property tax bill.

Between May 1st and June 30th, please call 603-888-2554 and leave a message or email paulineandpaul1040@gmail.com. Be sure to include your name and phone number.
Under no circumstances will the Internal Revenue Service tolerate discriminatory treatment of taxpayers by its employees, or individuals who volunteer or work at Low-Income Tax Clinics (LITC), Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) sites. No taxpayer shall be subject to discrimination based on sex in educational programs or activities, or race, color, national origin, reprisal, disability or age in programs or activities supported by the Department of the Treasury – Internal Revenue Service.

Taxpayers with a disability may require a reasonable accommodation in order to participate or receive the benefits of a program or activity supported by the Department of the Treasury – Internal Revenue Service. Our employees, and LITC, VITA, and TCE Site Coordinators and Managers, are responsible for ensuring that requests for reasonable accommodation are granted when the request is made by a qualified individual with a disability.

If a qualified individual with a disability does not receive a reasonable accommodation upon request, or if an individual believes that he or she has been discriminated on the basis of sex, race, color, national origin, disability, reprisal or age, he or she may file a written complaint with an employee, a Site Coordinator or Manager, or the Department of the Treasury – Internal Revenue Service. All written complaints should be sent to:

Operations Director, Civil Rights Division
Internal Revenue Service
1111 Constitution Avenue, NW
Room 2413
Washington, DC 20224

For all inquiries concerning taxpayer civil rights, contact us at the address referenced above, or e-mail us at eeo.external.civil.rights@irs.gov.
VITA/TCE Free Tax Programs

The mission of these programs is to provide free basic tax return preparation for low-to-moderate income and elderly taxpayers. This also includes taxpayers with disabilities, limited English proficiency and the Military.

Volunteers participating in these programs must sign a Form 13615, Volunteer Standards of Conduct Agreement - VITA/ TCE Programs. These agreements require them to provide high quality service and uphold the highest ethical standards.

While the IRS is responsible for providing oversight requirements to Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) programs, these sites are operated by IRS-sponsored partners who manage IRS-required site operations and volunteer ethical standards. In addition, the locations of these sites may not be in or on federal property.

To report unethical behavior to IRS, e-mail us at wi.voltax@irs.gov

Programas de Impuestos Gratuitos Ofrecidos por VITA/TCE

El Servicio de Impuestos Internos (IRS, por sus siglas en inglés), patrocinia los programas de Asistencia Voluntaria al Contribuyente para la preparación de los Impuestos sobre el ingreso (VITA, por sus siglas en inglés), y el de Asesoramiento Tributario para las Personas de Edad Avanzada (TCE, por sus siglas en inglés).

La misión de estos programas es proporcionar la preparación gratuita de las declaraciones de impuestos sencillas a los contribuyentes de ingresos bajos a moderados y contribuyentes de edad avanzada. Esto incluye también a los contribuyentes con discapacidades, aquellos con dominio limitado del inglés y la milicia.

Aunque el IRS es responsable de proporcionar los requisitos de supervisión para los programas de Asistencia Voluntaria al Contribuyente (VITA) y de Asesoramiento Tributario para las Personas de Edad Avanzada (TCE), estos sitios son operados por socios patrocinados por el IRS que administran las operaciones requeridas por el sitio y los estándares de ética de los voluntarios. Además, es posible que las ubicaciones de estos sitios no estén en la propiedad federal.

Los voluntarios que participan en estos programas, tienen que firmar el Formulario 13615, Volunteer Standards of Conduct Agreement - VITA/ TCE Programs (Acuerdo de los estándares de conducta de los voluntarios de los programas de VITA/TCE), en inglés. Estos acuerdos exigen que ellos proporcionen un servicio de alta calidad y mantengan los más altos estándares éticos.

Para denunciar un comportamiento no ético al IRS, envíenos un correo electrónico a wi.voltax@irs.gov
Laws and Executive Orders
Federal laws and executive orders that prohibit discrimination and protect taxpayer civil rights:
- Title VI of the Civil Rights Act of 1964
- Title IX of the Education Amendments of 1972
- Section 504 of the Rehabilitation Act of 1973
- Section 508 of the Rehabilitation Act of 1973
- Age Discrimination Act of 1975
- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency
- Executive Order 13160, Ensuring Equal Opportunity in Federally Conducted Education and Training Programs

Reasonable Accommodation for Taxpayers with Disabilities
Taxpayers with disabilities may need a reasonable accommodation to participate or receive the benefits of services funded or supported by the IRS.

When a request is made by a taxpayer, IRS employees and staff/volunteers should provide the request for reasonable accommodation.

If you have questions about the reasonable accommodation process, contact the IRS Civil Rights Unit taxpayer accommodation coordinator at:
TTY/TTD (202) 289-4394
Email: edi.crd.ra@irs.gov

Language Access for Taxpayers with Limited English Proficiency
If language assistance is needed, site coordinators and IRS managers must take reasonable steps to ensure the taxpayer has access to participate in or receive benefits from programs or activities funded or supported by the IRS.

For more information about language assistance visit the Department of Justice website at: www.LEP.gov

Taxpayer Civil Rights: Filing a Complaint
If you believe you have been discriminated against by an IRS employee or by staff/volunteer at assisted program sites, you may file a complaint of discrimination based on any of the protected groups covered by the federal civil rights laws and executive orders that prohibit discrimination.

The complaint must be filed within 180 days from the date in which the discrimination took place. The filing date may be extended if you can show good cause.

Your complaint should include:
1) Your name
2) Your address
3) Telephone number
4) The name of the organization
5) Address and name of person you believe discriminated against you
6) Provide the how, when and why
7) Date and signature

- An electronic complaint form is available at: www.irs.gov/uac/your-civil-rights-are-protected
- Email complaints to: edi.civil.rights.division@irs.gov
- Send written complaints to:
  IRS Civil Rights Unit
  Room 2413
  1111 Constitution Avenue NW
  Washington, DC 20224
**Mission**

The mission of the Internal Revenue Service is to provide America’s taxpayers top quality service by helping them understand and meet their tax responsibilities and in doing so apply the tax law with integrity and fairness to all.

The IRS does not tolerate discrimination of any kind. This zero-tolerance policy also applies to employees of the IRS and anyone who volunteers or works with taxpayers as part of a federally assisted program.

**Responsibilities**

The IRS, Office of Equity, Diversity and Inclusion, Civil Rights Unit is responsible for enforcing the federal civil rights laws and executive orders which prohibits discrimination based on race, color, national origin (including limited English proficiency), disability, reprisal, sex (in education programs or activities) or age in programs or activities receiving federal financial assistance from the IRS. Prohibited discrimination also applies to religion, sexual orientation and status as a parent in education or training programs or activities conducted by the IRS.

**Information**

For more information concerning taxpayer reasonable accommodations, language assistance or complaints please contact:

IRS Civil Rights Unit
Room 2413
1111 Constitution Avenue, NW
Washington, DC 20224
(202) 317-6925 (Voice)
(855) 217-0041 (Fax)
edi.civil.rights.division@irs.gov

Leyes y Órdenes Ejecutivas
Las leyes Federales y las órdenes ejecutivas que prohíben la discriminación y protegen los derechos civiles del contribuyente:
- Título VI de la Ley de Derechos Civiles de 1964
- Título IX de la Ley de Enmiendas de 1972
- Sección 504 de la Ley de Rehabilitación de 1973
- Sección 508 de la Ley de Rehabilitación de 1973
- Ley de Discriminación por la edad de 1975
- Orden Ejecutiva 13166, Mejorar el acceso a los servicios para las personas con un dominio limitado del inglés
- Orden Ejecutiva 13160, Asegurar la igualdad de oportunidades en programas educativos y de capacitación realizados por las agencias federales

Acceso Razonable para los Contribuyentes con Discapacidades
Los contribuyentes con discapacidades pueden necesitar una acomodación razonable para participar o recibir los beneficios de los servicios financiados o apoyados por el Servicio de Impuestos Internos (IRS).

Cuando una solicitud es hecha por un contribuyente, los empleados, personal y voluntarios del IRS deben proporcionar la acomodación razonable.

Si tiene preguntas sobre el proceso de acomodación razonable, comuníquese con el coordinador de acomodación del contribuyente en la Unidad de Derechos Civiles del IRS, en:
TTY/TTD (202) 289-4394
Correo electrónico: edi.ord.ra@irs.gov

Derechos Civiles del Contribuyente: Presentar una Queja
Si usted cree que ha sido discriminado por un empleado, personal o voluntarios del IRS en los sitios de asistencia de los programas, usted puede presentar una queja de discriminación basada en cualquiera de los grupos protegidos cubiertos por las leyes federales de derechos civiles y las órdenes ejecutivas que prohíben la discriminación.

La queja tiene que presentarse dentro de 180 días a partir de la fecha en que ocurrió la discriminación. La fecha de presentación puede ser ampliada si usted puede demostrar una buena causa.

Su queja debe incluir:
1) Su nombre
2) Su dirección
3) Número de teléfono
4) El nombre de la organización
5) Nombre y dirección de la persona que usted cree ha discriminado contra usted
6) Proporcione cómo, cuándo y por qué
7) Fecha y firma

- El formulario de queja electrónico está disponible en: www.irs.gov/uac/your-civil-rights-are-protected
- Las quejas por correo electrónico a: edi.civil.rights.division@irs.gov
- Enviar las quejas por escrito a:
  IRS Civil Rights Unit
  Room 2413
  1111 Constitution Avenue NW
  Washington, DC 20224

Acceso al Idioma para los Contribuyentes con Dominio Limitado del Inglés
Si se necesita ayuda con el idioma, los coordinadores y gerentes del IRS deben tomar medidas razonables para asegurar que el contribuyente tiene acceso para participar o recibir los beneficios de los programas o actividades financiados o apoyados por el IRS.

Para obtener más información acerca de la ayuda con el idioma, visite el sitio del Departamento de Justicia en: www.LEP.gov
Misión
La misión del Servicio de Impuestos Internos (IRS, por sus siglas en inglés), es proporcionar a los contribuyentes estadounidenses un servicio de máxima calidad, ayudándoles a entender y cumplir con sus responsabilidades tributarias y con ello aplicar la ley tributaria con integridad y equidad para todos.

El IRS no tolera ninguna clase de discriminación. Esta política de cero tolerancia también se aplica a los empleados del IRS y a quienes se ofrezcan voluntarios o trabajen con los contribuyentes como parte de un programa federal de asistencia.

Responsabilidades
El IRS, la oficina de Equidad, Diversidad e Inclusión, Unidad de los Derechos Civiles, tienen la responsabilidad de hacer cumplir las leyes federales de derechos civiles y las órdenes ejecutivas que prohíben la discriminación basada en la raza, color, origen nacional (incluso el dominio limitado del inglés), discapacidad, represalia, sexo (en los programas educativos o actividades) o edad, en los programas o actividades que reciben asistencia financiera federal del IRS. La discriminación prohibida también se aplica a la religión, orientación sexual y la condición como padre o madre, en los programas educativos o de capacitación o actividades realizadas por el IRS.

Información
Para obtener más información sobre las acomodaciones razonables del contribuyente, ayuda con el idioma o quejas, por favor comuníquese con:

IRS Civil Rights Unit
Room 2413
1111 Constitution Avenue, NW Washington, DC 20224
(202) 317-6925 (Voice)
(855) 217-0041 (Fax)
edi.civil.rights.division@irs.gov
www.irs.gov/uac/your-civil-rights-are-protected