



VITA Service Request



It is Capstone’s policy to respect your privacy, guard your personal information, and keep you informed of your rights. We adhere to the State of Vermont’s Agency of Human Services Consumer Information and Privacy Rule. By signing below, you acknowledge the privacy rules and allow us to use your information to:

- Prepare the current tax year income tax returns
- Send you notices about our services in the future

Federal regulations require that certain information be maintained for a period of time. In addition, Capstone uses information for program analysis, subsequent year tax preparation, and other uses as described below.

By electing to file your return through VITA, you understand that Capstone can keep your taxpayer information as follows:

1. IRS regulations require certain documents be retained in the event processing problems occur. These documents are retained until December 31 of the current tax year. State regulations may vary.
2. Aggregate data will be retained for program analysis. These data **do not** contain specific information about an individual, such as names and social security numbers. It may contain city/state/zip, the type of 1040 form prepared, and some general information from the return such as the amount of EITC and/or other credits/refunds.

In addition, by signing this document you allow us to retain information that can be used as follows:

1. General information stored in the VITA tax software such as names, addresses and birthdates; employer name, address, and ID numbers, that can be used for subsequent return preparation.
2. Information may be used to provide you with mailings about other products or services we provide that might be of value to you. We may retain this information for 3 years.
3. Capstone staff may share information about you with the State of Vermont or other service providers for the purpose of identifying, coordinating, planning, and providing services to you in order to carry out the Agency’s statutory obligations and to help you receive the services for which you may be eligible and desire to apply.
4. Capstone may use and share individually identifiable information as required by our funding sources for the purposes of program administration; examples include reporting, billing, and recordkeeping.

Information retained will not be shared with any unauthorized persons and will not be sold, given away, or used for commercial purposes. The information will be properly disposed of when no longer needed.

I give my word that the information provided in this application is true and complete to the best of my knowledge. I understand that if I knowingly provide false information, assistance may be denied.

Your name – please print clearly

Your signature

Date

Spouse’s name – please print clearly

Spouse’s signature

Date

→ PLEASE COMPLETE THE OTHER SIDE →

For office use only

Forms Filed: Federal Vermont

Renter Rebate \$ _____



VITA Tax Preparation Program Intake -- Tax Year 2020 --

Taxpayer Name: _____ Male Female

Spouse's Name, if married: _____ Male Female

Please provide a good Phone Number in case we have questions while preparing your return:

(_____) _____ Landline Cell

If this is a cell number, is it ok to text? Yes No

Please provide email address to be contacted by email instead of / in addition (*circle one*) to calling:

Email: _____

Have you had your taxes done through Capstone in the past? Yes No Not sure

What other Capstone services have you used in the past year? Please check all that apply.

- | | |
|--------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Child Care Food Program | <input type="checkbox"/> Community Kitchen Academy (CKA) |
| <input type="checkbox"/> Energy Efficiency Education | <input type="checkbox"/> Family Literacy Center (LTC) |
| <input type="checkbox"/> Financial Coaching or Classes | <input type="checkbox"/> Food Shelf |
| <input type="checkbox"/> Head Start /Early Head Start | <input type="checkbox"/> Home Heating Assistance (LIHEAP) |
| <input type="checkbox"/> Matched Savings (IDA) | <input type="checkbox"/> Micro Business Assistance |
| <input type="checkbox"/> Mileage Smart | <input type="checkbox"/> Rental Housing Assistance |
| <input type="checkbox"/> Weatherization | <input type="checkbox"/> None |

1. Will you be filing a Renter's Rebate? Yes No

2. Will you be filing a Home Declaration? Yes No

3. Did you pay lot rent on a mobile home you own? Yes No

4. Did you receive an Economic Impact Payment / Stimulus check in 2020? Yes No

5. Will you use direct deposit if you are due a refund? Yes No

If yes, please complete and initial box below OR include a voided check.

Please sign on reverse side →

Direct Deposit Information: (*if applicable*)

Bank Name _____ Type of account: Checking Saving

Routing Number _____

Account number _____

I certify that I am an owner on this account _____ (*initials*)