

**YOU ARE RESPONSIBLE FOR THE INFORMATION ON YOUR TAX RETURN.**

Please provide complete and accurate information, and fill out one copy of this form for every year Ladder Up is helping you with. If you have any questions, please contact us at **VirtualTAP@goladderup.org** or **312-409-1555, ext 2** at any time.

You will need:

- Tax information for the year you are filing, such as Forms W-2, 1099, 1098, 1095-A, etc.
- 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, if applicable

**The information on this form is only for Tax Year:** \_\_\_\_\_

**Part I: Your Personal Information**

*(if you are filing a joint return, enter your names in the same order as previous year's return)*

**Primary Taxpayer:**

1a. Your Full Name: \_\_\_\_\_  
*First Name M.I. Last Name*

2a. Mailing Address: \_\_\_\_\_  
*Street or PO Box Apartment/Unit #*  
\_\_\_\_\_  
*City State Zip Code*

3a. Date of Birth: \_\_\_\_\_ *MM/DD/YYYY*      6a. Your SSN/ITIN: \_\_\_\_\_

4a. Phone Number: \_\_\_\_\_ *Best daytime # to reach you*      7a. Your Job Title: \_\_\_\_\_

5a. Email Address: \_\_\_\_\_

Are you a U.S. Citizen?  YES  NO

During the tax year, were you totally and permanently disabled?  YES  NO

During the tax year, were you a full-time student?  YES  NO

During the tax year, were you legally blind?  YES  NO

Can anyone claim you (or your spouse) as a dependent?  YES  NO  UNSURE

Have you, your spouse, or dependents been a victim of tax-related identity theft or been issued an Identity Protection PIN?  YES  NO

**Spouse Information, if applicable:**1b. Spouse Full Name: \_\_\_\_\_  
*First Name* *M.I.* *Last Name*3b. Spouse Date of Birth: \_\_\_\_\_ 6b. Spouse SSN/ITIN: \_\_\_\_\_  
*MM/DD/YYYY*4b. Spouse Phone Number: \_\_\_\_\_ 7b. Spouse Job Title: \_\_\_\_\_  
*Best daytime # to reach your spouse*

5b. Spouse Email Address: \_\_\_\_\_

Is your spouse a U.S. Citizen?  YES  NODuring the tax year, was your spouse totally and permanently disabled?  YES  NODuring the tax year, was your spouse a full-time student?  YES  NODuring the tax year, was your spouse legally blind?  YES  NO**Part II A: Marital Status**

As of December 31 for the tax year you are filing, what was your marital status?

 Never Married MarriedIf married, did you get married in this tax year?  YES  NOIf married, did you live with your spouse during any part of the last six months of this tax year?  YES  NO Divorced Legally Separated Widowed

If widowed, what was the year of your spouse's death? \_\_\_\_\_

**Part II B: Household Information**

On the next page you will be asked to fill in the required information of:

- Everyone who lived with you during the tax year (other than your spouse)
- Anyone you supported but did not live with during the tax year

I supported and/or lived with additional people (other than my spouse) during the tax year?  YES  NO

#### Person No. 1

Person's Name: \_\_\_\_\_  
First Name Last Name

Were they a Full-time student during the tax year?  YES  NO

Person's Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Were they totally and permanently disabled during the tax year?  YES  NO

Person's Relationship to You: \_\_\_\_\_

# of Months this person lived in your home during the tax year: \_\_\_\_\_

Did you have any additional people who you need to list?  YES  NO

#### Person No. 2

Person's Name: \_\_\_\_\_  
First Name Last Name

Were they a Full-time student during the tax year?  YES  NO

Person's Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Were they totally and permanently disabled during the tax year?  YES  NO

Person's Relationship to You: \_\_\_\_\_

# of Months this person lived in your home during the tax year: \_\_\_\_\_

Did you have any additional people who you need to list?  YES  NO

#### Person No. 3

Person's Name: \_\_\_\_\_  
First Name Last Name

Were they a Full-time student during the tax year?  YES  NO

Person's Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Were they totally and permanently disabled during the tax year?  YES  NO

Person's Relationship to You: \_\_\_\_\_

# of Months this person lived in your home during the tax year: \_\_\_\_\_

Did you have any additional people who you need to list?  YES  NO

#### Person No. 4

Person's Name: \_\_\_\_\_  
First Name Last Name

Were they a Full-time student during the tax year?  YES  NO

Person's Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Were they totally and permanently disabled during the tax year?  YES  NO

Person's Relationship to You: \_\_\_\_\_

# of Months this person lived in your home during the tax year: \_\_\_\_\_

Did you have any additional people who you need to list?  YES  NO

#### Person No. 5

Person's Name: \_\_\_\_\_  
First Name Last Name

Were they a Full-time student during the tax year?  YES  NO

Person's Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Were they totally and permanently disabled during the tax year?  YES  NO

Person's Relationship to You: \_\_\_\_\_

# of Months this person lived in your home during the tax year: \_\_\_\_\_

Did you have any additional people who you need to list?  YES  NO

## Part III: Income and Common Tax Situations

During the tax year, did you (or your spouse if applicable):

Have jobs where you earned wages or salary (Form W-2)? How many jobs?

0  1  2  3  4  5  6  7  8 or more

Receive any interest or dividends from checking or savings accounts, bonds, CDs, or brokerage (Forms 1099-INT/1099-DIV)?

YES  NO  UNSURE

Receive any income or payments from Pensions, Annuities, and/or IRA (Form 1099-R)?

YES  NO  UNSURE

Receive any Unemployment Compensation OR state/local refund (Form 1099-G)?

YES  NO  UNSURE

Receive any Social Security or Railroad Retirement Benefits (Forms SSA-1099, RRB-1099)?

YES  NO  UNSURE

Receive scholarships (Forms 1098-T, W-2)?

YES  NO  UNSURE

Receive any Self-Employment income (Form 1099-MISC, 1099-K, cash, or other)?

YES  NO  UNSURE

Have a Health Savings Account (Forms 5498-SA, 1099-SA, W-2 with code "W" in box 12)?

YES  NO  UNSURE

Receive healthcare coverage through the Marketplace, your job, or other source (Form 1095-A, 1095-B, or 1095-C)?

YES  NO  UNSURE

Have credit card or mortgage debt cancelled/forgiven by a lender (Form 1099-C)?

YES  NO  UNSURE

Receive any other income, payments, or benefits (such as from any of the following):

*Alimony, Gambling, Disability, Foreign Income, Jury Duty, Lottery, Prizes, Royalties, Sale of Stocks and Bonds, Sch K-1, Tips, Virtual Currency (such as Bitcoin), or other property or services?*

YES  NO  UNSURE

## Part IV: Expenses and Payments

During the tax year you are filing, did you (or your spouse if applicable) pay for:

Alimony or separate maintenance payments?

YES  NO  UNSURE

Child or dependent care expenses such as daycare?

YES  NO  UNSURE

Contributions to a retirement account (IRA, 401(k), Roth IRA, etc.)?

YES  NO  UNSURE

College or post-secondary educational expenses for yourself, spouse, or dependents?  YES  NO  UNSURE

Mortgage Interest (Form 1098) or Real Estate/Property Taxes in IL?  YES  NO  UNSURE

Supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?  YES  NO  UNSURE

Student loan interest (Form 1098-E)?  YES  NO  UNSURE

Make estimated tax payments or apply the previous year's refund to this year's taxes?  YES  NO  UNSURE

Self-employment expenses or other expenses related to income you received?  YES  NO  UNSURE

### Part V: Additional Information and Questions Related to the Preparation of Your Taxes

If you are due a refund, would you like to use direct deposit into a checking/savings account?  YES  NO

If you are due a refund, would you like to purchase U.S. Savings Bonds?  YES  NO

Did you live in an area that was declared a Federal disaster area?  YES  NO

Did you, or your spouse if filing jointly, receive a letter from the IRS?  YES  NO

During the tax year, did you purchase items from other states, such as shopping online or from a catalog, where you did not pay sales tax?  YES  NO

During the tax year, did you pay tuition for your child to go to school (K-12)?  YES  NO

### Part VI: Supplemental Intake Questions

The data from the following questions may be used by Ladder Up to apply for grant money or other federal assistance so that we can continue to offer free services to our clients. Your answer(s) will be used only for statistical purposes.

1. Would you say you can carry on a conversation in English, both understanding & speaking?

Very Well  Well  Not at All  Prefer Not to Answer

2. Would you say you can read a newspaper or book in English?

Very Well  Well  Not at All  Prefer Not to Answer

3. Do you have a bank account?

Checking  Savings  Both Checking and Savings  Neither  Prefer Not to Answer

4. Did you, or anyone on your tax return, receive any benefits from the IL Dept of Human Services (DHS)?

*Examples of DHS benefits might include one or more of the following:*

- Temporary Assistance for Needy Families (TANF)
- SNAP or Food Stamps
- County Care or other Medical benefits paid by cash, check, or debit

Yes  No  Unsure  Prefer Not to Answer

5. If you think you are getting a refund, on which of the following are you most likely to spend that money?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Food or Clothing              | <input type="checkbox"/> Savings                            | <input type="checkbox"/> Unsure                   |
| <input type="checkbox"/> Rent, Home Repair, Mortgage   | <input type="checkbox"/> Retirement                         | <input type="checkbox"/> I Do Not Expect A Refund |
| <input type="checkbox"/> Doctor or Other Medical Bills | <input type="checkbox"/> Transportation: Purchase or Repair | <input type="checkbox"/> Prefer Not to Answer     |
| <input type="checkbox"/> Child Care                    | <input type="checkbox"/> Spend it on Something Else         |   |

6. What is your current living situation?

- |   |  |
|---|--|
| <input type="checkbox"/> I Own a Home                                   | <input type="checkbox"/> I Live in a Dorm or Group Setting |
| <input type="checkbox"/> I Pay Rent for My Home or Apartment            | <input type="checkbox"/> I Am Currently Homeless           |
| <input type="checkbox"/> I Live With Someone/Family and Pay Rent        | <input type="checkbox"/> Prefer Not to Answer              |
| <input type="checkbox"/> I Live With Someone/Family and Do NOT Pay Rent |  |

7. Please choose the race/ethnicity which most closely describes you:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> African-American/Black       | <input type="checkbox"/> Middle Eastern               | <input type="checkbox"/> White Caucasian      |
| <input type="checkbox"/> Alaska Native/Hawai'i Native | <input type="checkbox"/> More than One Race/Ethnicity | <input type="checkbox"/> Native American      |
| <input type="checkbox"/> Asian                        | <input type="checkbox"/> Other Pacific Islander       | <input type="checkbox"/> Prefer Not to Answer |
| <input type="checkbox"/> Hispanic/Latinx              | <input type="checkbox"/> Other/Not Listed             |   |

8. Please choose the race/ethnicity which most closely describes your spouse (if applicable):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> African-American/Black       | <input type="checkbox"/> Middle Eastern               | <input type="checkbox"/> White Caucasian      |
| <input type="checkbox"/> Alaska Native/Hawai'i Native | <input type="checkbox"/> More than One Race/Ethnicity | <input type="checkbox"/> Native American      |
| <input type="checkbox"/> Asian                        | <input type="checkbox"/> Other Pacific Islander       | <input type="checkbox"/> Prefer Not to Answer |
| <input type="checkbox"/> Hispanic/Latinx              | <input type="checkbox"/> Other/Not Listed             | <input type="checkbox"/> Not Applicable       |

9. Are you or a member of your household considered disabled?

Yes, Myself  Yes, Another Person  Yes, Both Myself and Another Person  No  Prefer Not to Answer

10. What is your gender?

Female  Male  Non-Binary  Other/Not Listed  Prefer Not to Answer

11. What is the gender of your spouse (if applicable)?

Female  Male  Non-Binary  Other/Not Listed  Prefer Not to Answer  Not Applicable

## Ladder Up Client Agreement

I, \_\_\_\_\_, as a client of Ladder Up, an Illinois nonprofit organization whose tax preparation services are offered for free by volunteers, release Ladder Up, and its direct or indirect parents, subsidiaries, and affiliates, and their respective directors, officers, trustees, employees, agents, and volunteers (collectively, the “Ladder Up Parties”) from any and all liability associated with the services, information, or advice I receive from or through any Ladder Up Parties.

I have provided correct, truthful and complete information to Ladder Up for the preparation of my tax returns, and agree that I am responsible for any and all Internal Revenue Service and Illinois Department of Revenue fines and/or penalties that result from any incorrect, untruthful, misleading or fraudulent information I provided.

### **Binding Arbitration Clause**

I will notify Ladder Up of any dispute or claim relating to or arising out of any services, information, or advice provided by any of the Ladder Up Parties, in writing, at the following address to explain the nature of the dispute or claim:

Ladder Up  
222 Merchandise Mart Plaza  
P.O. Box 4050  
Chicago, IL 60654-4050

If the dispute or claim cannot be resolved to my satisfaction within 90 days after Ladder Up has received such notice from me, such dispute or claim must be resolved through binding arbitration using the process explained below. All issues are for an arbitrator to decide, except that issues relating to the validity, enforceability, and scope of this Binding Arbitration Clause must be determined by the court and not the arbitrator. Either party may initiate arbitration, which will be conducted by the American Arbitration Association (“AAA”) pursuant to its Consumer Arbitration Rules (“AAA Rules”), as modified by this Binding Arbitration Clause. The AAA Rules are available on the AAA’s website [www.adr.org](http://www.adr.org), or by calling the AAA at (800) 778-7879. Unless Ladder Up and I agree otherwise, any arbitration hearing must take place in my county of residence. Each party agrees to pay its own arbitration costs. By agreeing to this Binding Arbitration Clause, I waive the right to pursue any such dispute or claim against any Ladder Up Parties in any state or federal court, including the right to a trial by jury, to assert or participate in a class action lawsuit or class action arbitration, to assert or participate in a private attorney general lawsuit or private attorney general arbitration, and to assert or participate in any joint or consolidated lawsuit or joint or consolidated arbitration of any kind.

### **Privacy Statement**

Ladder Up gathers non-public personal information from its clients and on its forms necessary for its free services. I acknowledge and agree that this non-public personal information may be provided to Ladder Up Parties, and that the Ladder Up Parties have no liability to me whatsoever relating to or arising out of the disclosure of non-public personal information. Ladder Up will not share, sell, or rent any non-public personal information collected from its clients to any other third party, except as may be permitted or required by law.

### **Governing Law**

This Agreement is governed by, interpreted, construed, and enforced in accordance with the law of the State of Illinois.

### **Entire Agreement**

This Agreement is the entire and exclusive agreement between the parties with respect to the subject matter hereof and it supersedes all previous communications, representations, or agreements, either oral or written, between them. A representation or statement of any kind made by any Ladder Up Party and not included in this Agreement is not binding on any Ladder Up Party.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name (Please Print)

\_\_\_\_\_  
Spouse Name (Please Print)

# Virtual VITA/TCE Taxpayer Consent

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

Ladder Up Virtual Tax Assistance Program

Site address (*Street, City, State, ZIP Code*)

Ladder Up  
Virtual Tax Assistance Program (TAP)  
350 N. Orleans Street, Suite C2-100  
Chicago, IL 60654

Site identification number (SIDN)

S40010520

Site coordinator name

Lilly Lavner, TAP Director

Site contact name

Ladder Up (VirtualTAP@goladderup.org)

Site contact telephone number

312-409-1555

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

- A. Temporary VITA/TCE Contingency Plan:** This site uses a temporary drop off process when there are internet shut downs, software outages, or if sufficient certified preparers/quality reviewer(s) are not available on-site.
- B. 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.
- C. Intake Site plus a Return Preparation and/or Quality Review 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 will come back to the intake site for the quality review or to sign the completed tax return. If necessary, the site will explain the method they will use to contact the taxpayer if additional information is needed while preparing or quality reviewing the tax return.

Your personal information will be transferred to the other location by:

- E-mail
- Fax
- Mail
- Other (*explain*) \_\_\_\_\_

- D. Other Approved Method (explain)** Taxpayer will submit their personal & tax information (SSN, W-2, etc.) via secure upload link. The prep and review will be completed by certified volunteers via a secure remote access software. Clients will electronically sign all forms through DocuSign.

**Site Contact Information** (*site information for the site that will receive the taxpayers information to prepare and/or quality review their tax return, if known*)

Site address (*Street, City, State, ZIP Code*)

Same as above.

SIDN

Same as above.

Site coordinator name

Same as above.

Site contact name

Same as above.

Site contact telephone number

Same as above.



**Part II: The Process:**

**During the Intake Process you will need to:**

- Sign this Form 14446.
- Complete the Form 13614-C, Intake/Interview & Quality Review Sheet.
- Have all required information/documentation necessary to prepare an accurate tax return.
  - Picture Identification for yourself and spouse *(if applicable)*.
  - Forms W-2, 1099 and/or any other income documents to support Income, Expenses and Life Events listed on Form 13614-C.
  - Social security cards *(or other allowed social security verification documents)* or Individual Tax Identification Numbers for you, your spouse and potential dependents *(if applicable)*.
  - Any other documents required to prepare an accurate return.
- Participate in an Interview with the volunteer to address all of the information provided on Form 13614-C to ensure the preparer will have everything they need to prepare your tax return.

**During the Return Preparation Process:**

- If necessary, you may be contacted for additional information. If so, please follow the plans used to contact each other to ensure you are talking to the appropriate site contact and they are discussing your return information with you.
- If the preparer has everything required to prepare the return, you will not be contacted until the return is completed.

**During the Quality Review Process you (and your spouse if applicable) will have to:**

- Participate during the Quality Review process.
- Review your completed tax return to ensure the names, social security numbers, address, banking information, income, expenses are correct. This is important because you and your spouse *(if applicable)* are ultimately responsible for all of the information on the tax return.
- Sign Form 8879, *IRS e-file Signature Authorization*, after Quality Review is completed.

**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

**Request to use the Virtual VITA/TCE Process:**

- If you agree to have your tax return prepared and your tax documents handled in the above manner, your signature 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 today.

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	
Date	Telephone number	Date	Telephone number
Email address		Email address	