

Form <b>14310</b> (October 2024)	Department of the Treasury - Internal Revenue Service <b>Partner and Volunteer Sign Up</b>	OMB Number 1545-2222
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Provide the following information to sign up as a VITA/TCE Partner and/or Volunteer. Your information will be shared with sponsoring organizations in your area for follow-up contact.

The information on this form can only be submitted to the IRS at <https://www.irs.gov/individuals/irs-tax-volunteers>.

**If you are an existing partner or volunteer, do not fill out this form.**

First name	Last name	
Email address	Telephone number <i>(Enter 10 digits only, include area code)</i> Best time to call	
City	State	ZIP code <i>(5 digits)</i>
Location of interest <i>(where you want to volunteer)</i>		
City	State	ZIP code <i>(5 digits)</i>

List languages spoken other than English

Have you volunteered with the VITA/TCE program within the past 3 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you interested in obtaining Continuing Education (CE) Credits? If so, check your applicable status:

<input type="checkbox"/> Enrolled Agent	<input type="checkbox"/> Non-credentialed Tax Return Preparer	<input type="checkbox"/> Certified Public Accountant
<input type="checkbox"/> Attorney	<input type="checkbox"/> Certified Financial Planner	

See [www.irs.gov/individuals/link-learn-taxes](https://www.irs.gov/individuals/link-learn-taxes) for more CE Credit information.

Are you an IRS employee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you want to partner with the VITA program and sponsor your own VITA site? Answer **YES** if you are a **Community Organization** (i.e. credit union, non-profit organization, library, etc.). Provide your organization's information below and answer the additional questions. Answer **NO** if you are an **Individual Volunteer**. Do not answer the additional questions below

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Partner Information

Community organization name

City	State	ZIP code <i>(5 digits)</i>
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Does your organization have a space or location for a VITA site	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have technical equipment <i>(laptops, printers, etc)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have volunteers to staff a VITA site	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Privacy 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. 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 1545-2222. The time estimated for participation is 10 minutes. 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.