$\mathsf{Form}\,\mathbf{14446}$

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		
United Way Bay Area/Code for America		
Site address (Street, City, State, ZIP Code)		
550 Kearny Street, Suite 1000 San Francisco, CA 94108		
San Francisco, CA 94108		
Site identification number (SIDN)	Site coordinator name	
\$73019360	Colleen Smallfield	
Site contact name	Site contact telephone number	
Colleen Smalflield	415-808-4300	
This site is using the following Virtual VITA/TCE method(s) to p	prepare your tax return:	
A. Temporary VITA/TCE Contingency Plan: 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.	
 security numbers, Form W-2, etc.) to prepare the tax return at the to the same site for the quality review and/or signing the concontact you if additional information is needed to prepare an identifiable information (social security numbers, Form W-2 and the tax return at another location. In this process, the taxpayor more of the following reasons; interviewing the taxpayer, taxpayer will come back to the intake site for the quality review. 	view Site: This method includes the taxpayer leaving their personal other documents) at the site in order to prepare and/or quality review yer's tax return information may 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 dditional information is needed while preparing or quality reviewing	
Other (explain)		
D. Other Approved Method (explain) Virtual VITA - Secure Electronic Storage/Cloud - no physical copies are created		
virtual vii A - Secure Electronic Storage Cloud - no physical copies are cleated		
Site Contact Information (1) is a site of the site of		
Site Contact Information (site information for the site that will receive the ta	axpayers information to prepare and/or quality review their tax return, if known)	
Site address (Street, City, State, ZIP Code) United Way Bay Area		
SIDN	Site coordinator name	
S73019360	Colleen Smallfield	
Site contact name	Site contact telephone number	
Colleen Smallfield	415-808-4300	

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 	equired information/documentation necessary to p	repare an accurate	e tax return.		
o Pictu	re Identification for yourself and spouse (if applicab	le).			
o Form	ns W-2, 1099 and/or any other income documents	to support Income	, Expenses and Life Events listed on Form 13614-C.		
	o Social security cards (or other allowed social security verification documents) or Individual Tax Identification Numbers for you spouse and potential dependents (if applicable).				
o Any	other documents required to prepare an accurate	eturn.			
•	e in an Interview with the volunteer to address all of everything 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 information alking to the appropriate site contact and they are contact has everything required to prepare the return	discussing your ret			
_	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 ltimately responsible for all of the information on the		
• Sign Forn	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 anal 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	e the Virtual VITA/TCE Process:				
this docur you. (If this	ment. Signing this document means that you are a	greeing to the prod	I 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			
Date	Telephone number	Date	Telephone number		
Email address		Email address	Email address		