

Statement of Understanding

Information provided to volunteers at this site will remain confidential and protected from unauthorized use. The information retained will not be shared with any unauthorized person and will not be sold or given away or be used for commercial purposes. The information will be properly disposed of when no longer needed.

Federal regulations require that certain information be maintained, while other information is needed for program analysis, subsequent year tax preparation, and other uses described below. By electing to file your return electronically, you understand that we keep your taxpayer information as described below.

- IRS E-File regulations does not require the tax center to maintain documents. The Tax Assistance Center does retain the (Intake and Interview, main information page, any form with federal tax withheld, signature page, substantiation documents, i.e.. divorce decree, POA, Form 8332) in the event return processing problems occur. These documents are retained for three years.
- Aggregate data will be retained for program analysis. This data does not contain specific information about an individual, such as names and social security numbers. It will contain a portion of the address (city, state and/or zip code), the type of return prepared (1040) and some information from the return such as the amount of EIC and/or credits.

By signing this form, I understand that the Tax Assistance Center is NOT required to keep records of my tax returns, W-2s, or other related forms. It is my responsibility as a taxpayer to retain copies of these items for three years, (10 years is best), in the event that I am audited by the IRS or the applicable state department of revenue.

I also agree that the Tax Assistance Center is not responsible for my refund being deposited into the wrong account because of a wrong routing number or account number. I have checked the number on my tax return and verified that they are the numbers for my bank account.

Print Taxpayer Name

Print Spouse's Name

Taxpayer Signature

Spouse Signature

Date

Date

Account Type: Checking Savings

Routing #

Account #

Routing #

Account # (2nd account for
Split Refund)

Rank/Grade _____

Group/Unit/Branch _____

If Retired/Disabled/Dependent - branch of service _____