

Community Volunteer Income Tax Program (CVITP)

- The Drop-Off Request form is for clients who will **not be physically present during the preparation and filing of their taxes** and will return later to pick-up their documents.
- Please print clearly and in capital letters.

## SECTION A – Client Consent

I hereby request that my tax return be filed through a drop-off method, and I acknowledge that I will not be physically present during the preparation and filing of my tax return.

\_\_\_\_\_  
Initials

I hereby provide my consent for the immediate filing of my tax return, based on the details I've given on the Client Intake forms and the tax documents I've provided.

\_\_\_\_\_  
Initials

I agree that all information submitted, is correct and legal to the best of my knowledge and I take full responsibility for the legitimacy of the information provided to the program.

\_\_\_\_\_  
Initials

I agree to temporarily leave my tax documents (if applicable) with the Tax Program and return later for both my tax documents and tax return filing summary.

\_\_\_\_\_  
Initials

I agree to include a completed Simple or Comprehensive Client Intake form, a completed Taxpayer Authorization form and any applicable tax documents to this request.

\_\_\_\_\_  
Initials

## SECTION B – Client Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Estimated Date and Time of Pick-Up:

Date \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

Did a Tax Handler verify your ID? YES / NO

ID Type (SAIT ID Card, Drivers License, etc) \_\_\_\_\_

### For Volunteer Use Only

Tax Handler Name \_\_\_\_\_

Client ID verified  YES

Tax Handler Initials \_\_\_\_\_