

Client Printed Name: \_\_\_\_\_

**Welcome**

The final responsibility for the accuracy of information on your return is up to you. As volunteers we cannot take that responsibility.

REALITIES FOCUS INC (501(c)(3) 73-1707043) FORT COLLINS, COLORADO

The information in this client intake sheet is true and correct. I understand that Realities Focus Inc. (RFI) will retain this information for tax preparation purposes in the event I return next year. I realize that the above organization will use this information to improve tax assistance services to me, speed preparation of tax returns, and offer other services.

My personal information is kept confidential and is not shared with or sold to any other organization or company. Information will be properly stored and when no longer needed, information will be disposed of properly. I give permission for the certified tax preparer to input my personal pin on all disclosure forms as allowed by the client.

RFI and its volunteers are to be held harmless for any mistake in my tax return.

Upon signing the return, by law, I take full responsibility for all content.

RFI may decline to prepare your return if they are in any way uncomfortable with your return, or it is determined that the return is out of scope.

RFI will provide both physical and electronic protection for the information while in our care. Personally specific information collected on the intake and interview sheet will not be sold or shared with anyone else. Electronic records will be maintained for 7 years and as required by the IRS. E-file regulation and aggregate data is retained for the purpose of the program. Such information will not include specific information about the taxpayer. Contact us at Realities Focus INC (970)599-1765 to request we not use your information.

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

Both if Joint: \_\_\_\_\_

Date: \_\_\_\_\_

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By signing Form 8879, IRS e-file Signature Authorization, taxpayers are affirming they have reviewed and understand the information listed on their tax return.

Taxpayer Declaration States:

“Under penalties of perjury, I declare that I have examined this return an accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete”

Client(s) signature(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

IPQO \_\_\_\_\_ Attachments: POA / 1099 / \_\_\_\_\_

## Consent to Disclose Information To Tax Preparer's Regional Office

### Federal Disclosure:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

### Defined Terms:

**"Tax Preparer":** REALITIES FOCUS INC

**Address:**

2601 So Lemay Ave 7-187 Fort Collins CO 80525

**"Taxpayer #1":**

**"Taxpayer #2":**

**Address:**

**"Taxpayer":** Refers to both Taxpayer #1 and Taxpayer #2

**"Regional Office":** REALITIES FOCUS INC

**"Software Developer":** CCH Small Firm Services, 225 Chastain Meadows Court, Kennesaw, GA 30144

**"Personal Information"** Taxpayer's 2024 tax return and all information contained therein

**"PIN":** Personal identification number

**"Disclosure 1":** Tax Preparer will disclose the Personal Information to Software Developer through Software Developer's tax preparation software.

**"Disclosure 2":** The Software Developer will disclose the Personal Information to the Regional Office.

**"Disclosures":** Refers to both Disclosure 1 and Disclosure 2

**"Purpose":** The purpose of the Disclosures is for Software Developer to transmit Taxpayer's Personal Information to the Regional Office in order for Regional Office to provide certain support and administrative assistance to Tax Preparer.

Taxpayer Signature

Spouse Signature

**CONSENT GRANTED**

I/we hereby consent to Disclosure 1 for the Purpose stated above.

I/we hereby consent to Disclosure 2 for the Purpose stated above.

I/we, the Taxpayer, have read the above information. By typing in my/our taxpayer PIN(s), and checking the boxes above, I/we hereby consent to the Disclosures for the Purpose stated above.

**Taxpayer #1 PIN:** 12345

**Taxpayer Date:**

**Taxpayer #2 PIN:**

**Spouse Date:**

**Duration of Consent: 3 years**

### LIMITATION ON DISCLOSURE

I/we do not wish to limit the scope of the Disclosure of the Personal Information box and list the limitations below.

Tax Return Disclosure Limitation: \_\_\_\_\_

### CONSENT DENIED

I/we, the Taxpayer, have read the above information, and by typing in my/our taxpayer PIN(s) hereby **DENY** consent to the Disclosure of the Personal Information for the Purpose stated above.

**Taxpayer #1 PIN:**

**PIN Entered Date:**

**Taxpayer #2 PIN:**

**PIN Entered Date:**

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

\* In accordance with Federal Law and Internal Revenue Code Section 7216, the term 'Tax Preparer' shall mean the ERO of this electronically filed return even though it may have been prepared by someone other than the ERO.

## Consent to Disclose Personal Tax Return Information

### Federal Disclosure:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

### Defined Terms:

**"Tax Preparer":** REALITIES FOCUS INC

**Address:**

2601 So Lemay Ave 7-187 Fort Collins CO 80525

**"Taxpayer #1":**

**"Taxpayer #2":**

**Address:**

**"Taxpayer":** Refers to both Taxpayer #1 and Taxpayer #2

**"Personal Information"** Taxpayer's 2024 tax return and all information contained therein

**"PIN":** Personal identification number

**"Disclosure":**

Grant Applications, Publicity, Financial Literacy Assistance

**"Purpose":**

Publicity, Resources available, Financial Literacy Assist  
Nonprofit Resources

Taxpayer Signature

Spouse Signature

**CONSENT GRANTED**

I/we, the Taxpayer, have read the above information. By typing in my/our taxpayer PIN(s), I/we hereby consent to the Disclosure for the Purpose stated above.

<b>Taxpayer #1 PIN:</b>	12345	<b>Taxpayer Date</b>	
<b>Taxpayer #2 PIN:</b>		<b>Spouse Date</b>	

**Duration of Consent: 3 years**

### LIMITATION ON DISCLOSURE

I/we do not wish to limit the scope of the Disclosure of the Personal Information unless I/we mark the box and list the limitations below.

Tax Return Disclosure Limitation: \_\_\_\_\_

**CONSENT DENIED**

I/we, the Taxpayer, have read the above information, and by typing in my/our taxpayer PIN(s) hereby **DENY** consent to the Use of the Personal Information for the Purpose stated above.

<b>Taxpayer #1 PIN:</b>		<b>PIN Entered Date:</b>	
<b>Taxpayer #2 PIN:</b>		<b>PIN Entered Date:</b>	

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## Consent to Use Personal Tax Return Information

### Federal Disclosure:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

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### Defined Terms:

**"Tax Preparer":** REALITIES FOCUS INC

**Address:**

2601 So Lemay Ave 7-187 Fort Collins CO 80525

**"Taxpayer #1":**

**"Taxpayer #2":**

**Address:**

**"Taxpayer":** Refers to both Taxpayer #1 and Taxpayer #2

**"Personal Information"** Taxpayer's 2024 tax return and all information contained therein

**"PIN":** Personal identification number

**"Use":**

Grant Applications, Publicity, Financial Literacy

**"Purpose":**

Assist in grants, Publicity, Nonprofit Services, Taxpayer  
Financial Literacy Resources

Taxpayer Signature

Spouse Signature

**CONSENT GRANTED**

I/we, the Taxpayer, have read the above information and by typing in my/our taxpayer PIN(s) hereby consent to Tax Preparer's Use of the Personal Information for the Purpose stated above.

**Taxpayer #1 PIN:** 12345

**Taxpayer Date:**

**Taxpayer #2 PIN:**

**Spouse Date:**

**Duration of Consent: 1 year**

**CONSENT DENIED**

I/we, the Taxpayer, have read the above information, and by typing in my/our taxpayer PIN(s) hereby **DENY** consent to the Use of the Personal Information for the Purpose stated above.

**Taxpayer #1 PIN:**

**PIN Entered Date:**

**Taxpayer #2 PIN:**

**PIN Entered Date:**

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