

2019 Income Tax Drop-Off Clinic

Self	Spouse
Name: <div style="text-align: right; font-size: small;">(Please print)</div>	Name: <div style="text-align: right; font-size: small;">(Please print)</div>
Phone number:	Phone Number:
<p>Please read, then sign to acknowledge you have read, understand and agree:</p> <ol style="list-style-type: none"> 1. I/we am fully aware that my/our Income Tax and Benefit Returns are prepared by a <u>volunteer</u> under the Community Volunteer Income Tax Program and that this volunteer is not acting as an agent of Family Services Windsor-Essex (FSWE). 2. FSWE is <u>not responsible</u> for any errors, omissions, on my/our Income Tax Return(s). 3. We <u>cannot</u> complete your income tax if you have declared <u>Bankruptcy</u> or are <u>Self-Employed</u>. 4. It is your responsibility to <u>pick up your documentation</u> within thirty (30) days of submission. FSWE will not be responsible for documents not picked up within sixty (60) days of submission. 	
Self-Signature	Spouse-Signature

For office use only:		
Drop off Date:	Staff initials:	
Completion Date:	Volunteer initials:	Years Completed:
E-File:	Paper Return:	
Notes:		