

## VITA/TCE Partner Sponsor Agreement

We appreciate your willingness and commitment to serve as a sponsor in the Volunteer Income Tax Assistance (VITA) or Tax Counseling for the Elderly (TCE) volunteer tax return preparation programs.

To maintain program integrity and provide for reasonable protection of information provided by the taxpayers serviced through the VITA/TCE programs, it is essential that partners and volunteers adhere to the strictest standards of ethical conduct and the following key principles be followed.

- Partners and volunteers must keep confidential the information provided for tax return preparation.
- Partners and volunteers must protect physical and electronic data gathered for tax return preparation both during and after filing season.
- Partners using or disclosing taxpayer data for purposes other than current, prior, or subsequent year tax return preparation must secure the taxpayer's consent to use or disclose their data.
- Partners and volunteers must delete taxpayer information on all computers (both partner owned and IRS loaned) after filing season tax return preparation activities are completed.
- Partners and site coordinators are expected to keep confidential any personal volunteer information provided.
- Partners will educate and enforce the Volunteer Standards of Conduct and the impact on volunteers, sites, taxpayers and the VITA/TCE Programs for not adhering to them.

1. Sponsor Name:

2. Street Address:

3. City:

4. State:

5. Zip Code:

6. Telephone Number:

7. E-Mail Address:

Please review this form and Form 13615 *Volunteer Standards of Conduct*. By signing and dating this form, you are agreeing:

- a) to the key principles,
- b) all volunteers participating in your return preparation site will complete the volunteer standards of conduct training, and
- c) All volunteers will agree to the Volunteer Standards of Conduct by signing and dating Form 13615.
- d) Form 13615 will be validated and signed by a partner designated official (Site Coordinator, partner, instructor or IRS contact).

The IRS may terminate this agreement and add you to a volunteer registry, effective immediately for disreputable conduct that could impact taxpayers' confidence in any VITA/TCE program operated by you or your coalition members.

Sponsor Signature

Date

### Privacy Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301.

We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers.

Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs.

## Internal Revenue Service Civil Rights Assurance for Sub-recipients under SPEC Partnership Agreements

We, \_\_\_\_\_ shall fulfill the obligations set

**(Print Name of Organization)**

forth in this assurance in consideration of and for the purpose of obtaining Federal property or other Federal financial assistance from a "Partner" under agreement with the Internal Revenue Service (IRS). The "Sub-recipient" agrees:

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1. To conduct its activities so that no person on the basis of race, color, national origin, sex, age, or disability shall be excluded from participation in, be denied the benefits of, or be subject to discrimination in the distribution of services and/or benefits provided under this financial assistance program.

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2. Within 30 days of any finding issued by a Federal or State court or by a Federal or State administrative agency that the "Sub-recipient" has discriminated on the basis of race, color, national origin, sex, age, or disability in the delivery of its service or benefits, a copy of such finding shall be forwarded to the IRS Civil Rights Division at the following address:

Director, Civil Rights Division  
IRS, AWSS EDI Operations  
1111 Constitution Ave., NW - Room 2413  
Washington, D.C. 20224

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3. To inform the public that persons who believe they have been discriminated against on the basis of race, color, national origin, sex, age, or disability, in the distribution of services and benefits resulting from this financial assistance program may file a written complaint with the Director, Civil Rights Division, (see address above). Civil Rights posters indicating the process for filing complaints of discrimination for the public must be conspicuously displayed at all times by the "Sub-recipient".

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4. To forward to the Civil Rights Division all complaints of discrimination filed by the public against the "Sub-recipient" that is directly related to the service and/or benefit provided by the IRS financial assistance program.

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The partner and sub-recipients, its successors, transferees and assignees, upon the breach or violation of this agreement, the IRS may, at its option: a) Terminate or refuse to render or continue financial assistance for the aid of the property, facility, project, service, or activity. b) Enforce this agreement by suit for specific performance or by any other available remedy under the laws of the United States or the State in which the breach or violation occurs.

Partners and sub-recipients receiving Federal financial assistance shall be obligated to comply with this assurance for a period of one year from the date signed or as long as the assistance is being provided.

The organizational official whose signature appears below is authorized to sign this assurance and commit the "Sub-recipient" to the above provisions.

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**NAME AND TITLE OF ORGANIZATIONAL AUTHORIZED OFFICIAL  
(Please Print)**

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**SIGNATURE OF ORGANIZATIONAL AUTHORIZED OFFICIAL**

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**DATE**