

Department of the Treasury – Internal Revenue Service
Volunteer Assistance Summary Report

Form **13206**
 (Rev. 8-2010)

Please mail, fax or e-mail this form to your IRS reporting office by the 3rd business day after the end of the month for all volunteers that worked at your site. Additional submission of this form is necessary only if new volunteers reported to your site. Volunteers should only be reported once.

Contact your local IRS office for mail or e-mail address

Date: _____ Site Identification Number: S _____

Site Name: _____

Site Address: _____

Site Coordinator/Manager's Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Site Coordinator/Manager's Phone Number: () _____

| Volunteer Information | Volunteer Certification (Check all that apply) | Does this volunteer also work at another VITA/TCE site? | | If Yes, Indicate Site Name(s) |
|--|---|--|----|--|
| | | Yes | No | |
| Name _____ Volunteer Position _____ Address _____ _____ Years in Program _____ | <input type="checkbox"/> Volunteer Agreement Signed (Form 13615) <input type="checkbox"/> VITA/TCE Basic <input type="checkbox"/> VITA/TCE Intermediate <input type="checkbox"/> VITA/TCE Advanced <input type="checkbox"/> Health Savings Account <input type="checkbox"/> Cancellation of Debt <input type="checkbox"/> VITA/TCE International <input type="checkbox"/> VITA Military <input type="checkbox"/> VITA Foreign Student <input type="checkbox"/> VITA Puerto Rico <input type="checkbox"/> NOT Certified (ex. Greeter) <input type="checkbox"/> VITA/TCE Site Coordinator Training | | | |
| Name _____ Volunteer Position _____ Address _____ _____ Years in Program _____ | <input type="checkbox"/> Volunteer Agreement Signed (Form 13615) <input type="checkbox"/> VITA/TCE Basic <input type="checkbox"/> VITA/TCE Intermediate <input type="checkbox"/> VITA/TCE Advanced <input type="checkbox"/> Health Savings Account <input type="checkbox"/> Cancellation of Debt <input type="checkbox"/> VITA/TCE International <input type="checkbox"/> VITA Military <input type="checkbox"/> VITA Foreign Student <input type="checkbox"/> VITA Puerto Rico <input type="checkbox"/> NOT Certified (ex. Greeter) <input type="checkbox"/> VITA/TCE Site Coordinator Training | | | |
| Name _____ Volunteer Position _____ Address _____ _____ Years in Program _____ | <input type="checkbox"/> Volunteer Agreement Signed (Form 13615) <input type="checkbox"/> VITA/TCE Basic <input type="checkbox"/> VITA/TCE Intermediate <input type="checkbox"/> VITA/TCE Advanced <input type="checkbox"/> Health Savings Account <input type="checkbox"/> Cancellation of Debt <input type="checkbox"/> VITA/TCE International <input type="checkbox"/> VITA Military <input type="checkbox"/> VITA Foreign Student <input type="checkbox"/> VITA Puerto Rico <input type="checkbox"/> NOT Certified (ex. Greeter) <input type="checkbox"/> VITA/TCE Site Coordinator Training | | | |
| Name _____ Volunteer Position _____ Address _____ _____ Years in Program _____ | <input type="checkbox"/> Volunteer Agreement Signed (Form 13615) <input type="checkbox"/> VITA/TCE Basic <input type="checkbox"/> VITA/TCE Intermediate <input type="checkbox"/> VITA/TCE Advanced <input type="checkbox"/> Health Savings Account <input type="checkbox"/> Cancellation of Debt <input type="checkbox"/> VITA/TCE International <input type="checkbox"/> VITA Military <input type="checkbox"/> VITA Foreign Student <input type="checkbox"/> VITA Puerto Rico <input type="checkbox"/> NOT Certified (ex. Greeter) <input type="checkbox"/> VITA/TCE Site Coordinator Training | | | |
| Name _____ Volunteer Position _____ Address _____ _____ Years in Program _____ | <input type="checkbox"/> Volunteer Agreement Signed (Form 13615) <input type="checkbox"/> VITA/TCE Basic <input type="checkbox"/> VITA/TCE Intermediate <input type="checkbox"/> VITA/TCE Advanced <input type="checkbox"/> Health Savings Account <input type="checkbox"/> Cancellation of Debt <input type="checkbox"/> VITA/TCE International <input type="checkbox"/> VITA Military <input type="checkbox"/> VITA Foreign Student <input type="checkbox"/> VITA Puerto Rico <input type="checkbox"/> NOT Certified (ex. Greeter) <input type="checkbox"/> VITA/TCE Site Coordinator Training | | | |

| Volunteer Information | Volunteer Certification (Check all that apply) | Does this volunteer also work at another VITA/TCE site? | | If Yes, Indicate Site Name(s) |
|---|---|---|----|-------------------------------|
| | | Yes | No | |
| Name _____ Volunteer Position _____ Address _____ Years in Program _____ | <input type="checkbox"/> Volunteer Agreement Signed (Form 13615) <input type="checkbox"/> VITA/TCE Basic <input type="checkbox"/> VITA/TCE Intermediate <input type="checkbox"/> VITA/TCE Advanced <input type="checkbox"/> Health Savings Account <input type="checkbox"/> Cancellation of Debt <input type="checkbox"/> VITA/TCE International <input type="checkbox"/> VITA Military <input type="checkbox"/> VITA Foreign Student <input type="checkbox"/> VITA Puerto Rico <input type="checkbox"/> NOT Certified (ex. Greeter) <input type="checkbox"/> VITA/TCE Site Coordinator Training | | | |
| Name _____ Volunteer Position _____ Address _____ Years in Program _____ | <input type="checkbox"/> Volunteer Agreement Signed (Form 13615) <input type="checkbox"/> VITA/TCE Basic <input type="checkbox"/> VITA/TCE Intermediate <input type="checkbox"/> VITA/TCE Advanced <input type="checkbox"/> Health Savings Account <input type="checkbox"/> Cancellation of Debt <input type="checkbox"/> VITA/TCE International <input type="checkbox"/> VITA Military <input type="checkbox"/> VITA Foreign Student <input type="checkbox"/> VITA Puerto Rico <input type="checkbox"/> NOT Certified (ex. Greeter) <input type="checkbox"/> VITA/TCE Site Coordinator Training | | | |
| Name _____ Volunteer Position _____ Address _____ Years in Program _____ | <input type="checkbox"/> Volunteer Agreement Signed (Form 13615) <input type="checkbox"/> VITA/TCE Basic <input type="checkbox"/> VITA/TCE Intermediate <input type="checkbox"/> VITA/TCE Advanced <input type="checkbox"/> Health Savings Account <input type="checkbox"/> Cancellation of Debt <input type="checkbox"/> VITA/TCE International <input type="checkbox"/> VITA Military <input type="checkbox"/> VITA Foreign Student <input type="checkbox"/> VITA Puerto Rico <input type="checkbox"/> NOT Certified (ex. Greeter) <input type="checkbox"/> VITA/TCE Site Coordinator Training | | | |
| Name _____ Volunteer Position _____ Address _____ Years in Program _____ | <input type="checkbox"/> Volunteer Agreement Signed (Form 13615) <input type="checkbox"/> VITA/TCE Basic <input type="checkbox"/> VITA/TCE Intermediate <input type="checkbox"/> VITA/TCE Advanced <input type="checkbox"/> Health Savings Account <input type="checkbox"/> Cancellation of Debt <input type="checkbox"/> VITA/TCE International <input type="checkbox"/> VITA Military <input type="checkbox"/> VITA Foreign Student <input type="checkbox"/> VITA Puerto Rico <input type="checkbox"/> NOT Certified (ex. Greeter) <input type="checkbox"/> VITA/TCE Site Coordinator Training | | | |

| IRS Use Only | |
|---|---|
| Before including the volunteer in SPECTRM, make sure they have not been previously counted at another site this filing season. Once verified, enter the amount on line 1 below: | |
| 1. Total number of volunteers reported on this Form for the site | _____ |
| 2. Total number of volunteers previously reported this filing season | _____ |
| 3. Total number of volunteers reported this filing season (Add 1 & 2) | _____ |
| TS Name: _____ | TS SEID: _____ Date entered into SPECTRM: _____ |

Privacy Act Notice

Our legal right to ask for information is 5 U.S.C. 301 and 26 USC 7801.

The primary purpose of asking for this information is to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs, and to identify your skills. We may provide information to volunteers who coordinate activities and staffing at taxpayer assistance sites. For more information about uses, see the Privacy Act Notice for the Taxpayer Assistance Reporting System (SPECTRM) in the Federal Register: July 19, 2004 (Volume 69, Number 137) [Notices] [Pages 43055-43056].

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