



Massachusetts Department of Revenue
Volunteer Income Tax Assistance Funding Application

Applicant Information

Legal Name of applicant	Employer/Taxpayer Identification Number (EIN/TIN)		
Mailing address	City/Town	State	Zip
Name of contact person	Telephone number	E-mail address	

VITA site(s) to receive funding. If funds will be distributed by applicant, provide the following identifying information for all VITA sites that may be receiving funding. Attach a separate list if necessary. **If applicant is also a VITA site, include the applicant in the list.**

Name of VITA site	Number of MA tax returns completed by this site last year		
Site Identification Number (SIDN)	Electronic Filing Identification number (EFIN)		
Location address	City/Town	State	Zip
<input type="checkbox"/> New Applicant	Amount Requested		

Funding Request. Describe how this funding will be utilized to expand or improve services. Attach additional pages if necessary.

Signature

Signature of applicant	Date
Print applicant's name	Title

Required attachments

- Copy of IRS Award Letter for current program period if applicable
- Commonwealth Standard Contract Form
- Request for Taxpayer Identification Number and Certification (Massachusetts Substitute W-9 Form)
- Contractor Authorized Signatory Listing
- Electronic Funds Transfer Sign Up Form

Return completed application and all required attachments to:
Massachusetts Department of Revenue
Office of the Taxpayer Advocate
By fax to 617-626-3799 or
By email to PROHELP@dor.state.ma.us