

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

Form **13206**
 (Rev. 5-2012)

Partners are required to 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(s). **New for 2013**, Partners working with Enrolled Agents (EA) or Registered Tax Return Preparers (RTRP) who are seeking continuing education credit, **must** provide the EA/RTRP Practitioner Identification Number (PTIN). Additional submission of this form is necessary only if new volunteers report to your site(s). Report each volunteer only once.

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

Date: _____
 Partner Name: _____
 Partner Address: _____
 Primary Contact Name: _____
 Primary Contact Address: _____ City: _____ State: _____ ZIP: _____
 Primary Contact Phone Number: _____

I certify that all Forms 13615 have been verified and signed.

Volunteer Information	Volunteer Certification (Check all that apply)	Check if EA or RTRP	
		EA - Enrolled Agent RTRP - Registered Tax Return Preparer	Quality Reviewer Instructor
Name _____ Position _____ EA or RTRP PTIN _____ Address _____ _____ _____	<input type="checkbox"/> Volunteer Standards of Conduct <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> International <input type="checkbox"/> Military <input type="checkbox"/> Health Savings Account <input type="checkbox"/> Cancellation of Debt <input type="checkbox"/> Foreign Student <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Site Coordinator Training	<input type="checkbox"/>	<input type="checkbox"/>
Name _____ Position _____ EA or RTRP PTIN _____ Address _____ _____ _____	<input type="checkbox"/> Volunteer Standards of Conduct <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> International <input type="checkbox"/> Military <input type="checkbox"/> Health Savings Account <input type="checkbox"/> Cancellation of Debt <input type="checkbox"/> Foreign Student <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Site Coordinator Training	<input type="checkbox"/>	<input type="checkbox"/>
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IRS Use Only	
Make sure all information is correct before entering it in SPECTRM. Once verified, enter the amount on line 1 below.	
1. Total number of volunteers reported on this Form for the partner	_____
2. Total number of volunteers previously reported this filing season	_____
3. Total number of volunteers reported this filing season (Add 1 & 2)	_____
Employee Name: _____	Employee 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.