

LOYOLA
VITA



LOYOLA
UNIVERSITY MARYLAND

VITA TAX SEASON 2026

Clinic Walkthrough

January 31st, 2026

Today's Agenda:

1. Setting Expectations
2. Clinic Logistics
3. Volunteer & Client Responsibilities
4. Microsoft Shifts
5. Mock Intake
6. VITA Website Demo
7. Clinic Tour
8. Q&A

Setting Expectations: Volunteers (General)

Student volunteers are the face of our program

- Be friendly, act with kindness
- Decline all donations / gifts
- Dress professionally
 - Dress code is smart casual
 - Tops: Polos, sweaters, blouses, VITA gear
 - Bottoms: Pants, clean pair of jeans

******no sweatpants/athletic wear******

Setting Expectations: Volunteers (During Prep)

Student volunteers are the face of our program

- Act professionally
 - Have confidence- believe in yourself!
 - Make conversation
 - Do not share the following with client:
 - It is your first time preparing a tax return
 - you have only prepared XXX amount of returns so far
 - THE REFUND/OWED AMOUNT (*Advanced Preparers are **only** allowed to share once the return is finalized*)

Setting Expectations: Volunteers (During Prep)

The VITA program requires volunteers to strictly comply with confidentiality standards

- Delete all client workpapers off your laptop once they are scanned and uploaded into TaxSlayer
- If you have to leave workstation:
 - LOCK your desktop
- Do not share any client information with anyone

Please raise any client concerns to the leadership team

Setting Expectations: Clients

Clients are expected to bring all necessary workpapers needed for a successful return

- Clients are briefed on what they must bring prior to appointment
- Admin personnel are the 1st check
- Basic preparer must double-check all documents needed are present
- If client's return is not finished by end of appointment please:
 - Make a note in the return (ex: client needs 1099 form, forgot dependent's SS card)
 - Inform an admin or a site director

Clinic Logistics

The VITA 2026 season begins 02/03 through 04/11

- Tuesdays & Thursdays: 5:30/5:45 – 9:00 pm
- Saturdays: 8:45am – 3:00 pm
- Transportation provided: Motorpool drivers
 - Pickup / Dropoff locations: 5104 York Road (Campus Police Lot across from Rahner), and Newman Towers
 - Cars begin pickups 5:20 (T/TH) and 8:20 (Sat) ****BE THERE EARLY****
- Week(s) Off:
 - Spring Break (02/28-03/08)
 - Easter Break (04/01-04/06)
 - Snow Closing Policy

Clinic Logistics - Saturdays

In an effort to get all volunteers to 5 shifts, we are extending our Saturday shifts to end at 3pm, instead of 1pm (starting 02/14)

- Transportation will provided
 - Leave at 8:20AM from designated areas
 - Head back to campus at 3pm
- Will be counted as 2 shifts
- Breakfast & lunch provided
- Any questions?

Clinic Logistics – Opening/Closing Tasks

- **Opening Tasks:**

- Clock in using Microsoft Shifts
- Nametags
- Set up workstations
- Check in with admin

- **Closing Tasks:**

- Neatly clean up workstations
- Make sure printers are paired with its correct laptop & cord
- Prep for the next session (make sure printer has enough paper)
- Check out with admin & leave with a buddy

Microsoft Shifts

- Download on phone
- Login with Loyola Credentials
- Join channel with code: **8lwjhcfc**



Microsoft Shifts

- Clock in/out
- Shift swap
- Volunteer channel chat



What is my role?	Whose shifts can I pick up?
Basic Preparer	Basic Preparers only
Advanced Preparer	Advanced Preparers only

Reminder: You can always volunteer outside of your initially scheduled shifts, meaning that you can come in more than five times if you'd like to!



MOCK INTAKE

Intake/Interview and Quality Review Sheet

You will need:

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social Security cards or ITIN letters for all persons on your tax return
- Picture ID (such as valid driver's license) for you and your spouse

- Complete pages 1-6 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, ask the IRS-certified volunteer preparer.

Volunteers are trained to provide high quality service and uphold the highest ethical standards. To report unethical behavior to the IRS, email us at ts.voltax@irs.gov

Your first name <i>(pronouns, optional)</i>	M.I.	Last name	Your date of birth	Your job title
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Spouse's first name <i>(pronouns, optional)</i>	M.I.	Last name	Spouse's date of birth	Spouse's job title
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Mailing address	Apt #	City	State	ZIP code
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Your telephone number	Spouse's telephone number	Email address <i>(optional)</i>	Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No
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Check if you or your spouse were in 2024:			Legally blind		
A U.S. citizen	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Totally and permanently disabled	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> No
In the U.S. on a visa	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Issued an identity protection PIN (IPPIN)	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> No
A full-time student	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Owners or holders of any digital assets	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> No

If due a refund, how would you like your refund			If you have a balance due, how would you like to make your payment		
<input type="checkbox"/> Direct deposit	<input type="checkbox"/> Check by mail		<input type="checkbox"/> Bank account	<input type="checkbox"/> IRS.gov Direct Pay	
<input type="checkbox"/> Split refund between accounts	<input type="checkbox"/> Other _____		<input type="checkbox"/> Set up installment agreement	<input type="checkbox"/> Mail payment to IRS	

Would you like to receive written communications from the IRS in a language other than English
What language _____ You Spouse No

Would you like information on how to vote and/or how to register to vote Yes No

Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund Yes Spouse No

As of December 31, 2024, what was your marital status

<input type="checkbox"/> Never Married	<input type="checkbox"/> Married	If married, were you married for all of 2024	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Did you live with your spouse during any part of the last six months of 2024	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Divorced	<input type="checkbox"/> Legally Separated but not Divorced		<input type="checkbox"/> Widowed
Date of final decree _____	Date of separate maintenance decree _____		Year of spouse's death _____

To be completed by certified volunteer: Can anyone else claim the taxpayer or spouse on their tax return Yes No

List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)					To be completed by certified volunteer (Yes, No, or N/A)				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,050 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person



Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Received money from any of the following in 2024:	(To be completed by certified volunteer) Income to be included	Notes/Comments
<input type="checkbox"/> (B) Wages as a part-time or full-time employee How many jobs _____	<input type="checkbox"/> (B) W-2s	# _____
<input type="checkbox"/> (B/A) Tips	<input type="checkbox"/> (B/A) Tips (Basic when reported on W2)	
<input type="checkbox"/> (B/A) Retirement account, pension or annuity proceeds	<input type="checkbox"/> (B/A) 1099-R (Basic when taxable amount is reported) # <input type="checkbox"/> (A) Qualified Charitable Distribution From 1099-R \$	_____ _____
<input type="checkbox"/> (B) Disability benefits (such as payments from insurance and worker's compensation)	<input type="checkbox"/> (B) Disability benefits on 1099-R or W-2	# _____
<input type="checkbox"/> (B) Social Security or Railroad Retirement Benefits	<input type="checkbox"/> (B) SSA-1099, RRB-1099	# _____
<input type="checkbox"/> (B) Unemployment benefits	<input type="checkbox"/> (B) 1099-G	# _____
<input type="checkbox"/> (B) Refund of state or local income tax	<input type="checkbox"/> (B) Refund \$ <input type="checkbox"/> (B) Itemized last year <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____
<input type="checkbox"/> (B) Interest or dividends (bank account, bonds, etc.)	<input type="checkbox"/> (B) 1099-INT # _____ <input type="checkbox"/> (B) 1099-DIV # _____	_____ _____
<input type="checkbox"/> (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) 1099-B (include brokerage statement) # <input type="checkbox"/> Capital loss carryover <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____
<input type="checkbox"/> (B) Alimony	<input type="checkbox"/> (B) Alimony \$ Excluded from income <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____
<input type="checkbox"/> (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) <input type="checkbox"/> Rental expense \$	_____ _____
<input type="checkbox"/> Income from renting personal property such as a vehicle		
<input type="checkbox"/> (B) Gambling winnings, including lottery	<input type="checkbox"/> (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) #	_____ _____
<input type="checkbox"/> (A) Payments for contract or self-employment work Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) Schedule C <input type="checkbox"/> 1099-MISC # <input type="checkbox"/> 1099-NEC # <input type="checkbox"/> 1099-K # <input type="checkbox"/> Other income reported elsewhere <input type="checkbox"/> Schedule C expenses \$	_____ _____ _____ _____ _____
<input type="checkbox"/> Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	<input type="checkbox"/> Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	



Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Paid any of the following expenses to itemize in 2024?	(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
<input type="checkbox"/> (A) Mortgage Interest	<input type="checkbox"/> (A) 1098 # _____	
<input type="checkbox"/> (A) Taxes: state, local, real estate, sales, etc.		
<input type="checkbox"/> (A) Medical, dental, prescription expenses	<input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	
<input type="checkbox"/> (A) Charitable contributions		
Paid any of these expenses in 2024?	(To be completed by certified volunteer) Expenses to report	Notes/Comments
<input type="checkbox"/> (B) Student loan interest	<input type="checkbox"/> (B) 1098-E	
<input type="checkbox"/> (B) Child and dependent care	<input type="checkbox"/> (B) Child and dependent care credit	
<input type="checkbox"/> (B/A) Contributions to a retirement account	<input type="checkbox"/> (B/A) IRA (Basic if a Roth IRA or 401K)	
<input type="checkbox"/> (B) School supplies by a teacher, teacher's aide or other educator	<input type="checkbox"/> (B) Educator expenses deduction \$ _____	
<input type="checkbox"/> (B) Alimony payments (do not include child support)	<input type="checkbox"/> (B) Alimony payments with spouse's SSN \$ _____	
	Adjustment to income <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did any of the following happen during 2024?	(To be completed by certified volunteer) Information to report	Notes/Comments
<input type="checkbox"/> (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	<input type="checkbox"/> (B) Taxable scholarship income	
	<input type="checkbox"/> (B) 1098-T (itemized statement from school, invoice, etc.)	
	<input type="checkbox"/> (B) Education credit or tuition and fees deduction	
<input type="checkbox"/> (A) Sell a home	<input type="checkbox"/> (A) Sale of home (1099-S)	
<input type="checkbox"/> (A) Have a health savings account (HSA)	<input type="checkbox"/> HSA contributions <input type="checkbox"/> HSA distributions	
<input type="checkbox"/> (A) Purchase health insurance through the Marketplace (Exchange)	<input type="checkbox"/> (A) 1095-A	
<input type="checkbox"/> (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	<input type="checkbox"/> (B) Energy efficient home improvement credit	
<input type="checkbox"/> (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	<input type="checkbox"/> (A) 1099-C	
<input type="checkbox"/> (A) Have a loss related to a declared Federal disaster area	<input type="checkbox"/> (A) 1099-A	
	<input type="checkbox"/> Disaster relief impacts return	
<input type="checkbox"/> (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	<input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year	
	Year disallowed Reason	
<input type="checkbox"/> Receive any letter or bill from the IRS	<input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral	
<input type="checkbox"/> (B) Make estimated tax payments or apply last year's refund to 2024 taxes	<input type="checkbox"/> Estimated tax payments _____	
	<input type="checkbox"/> Last year's refund applied to this year _____	
	<input type="checkbox"/> Last year's return available _____	



Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

- | | |
|---|--|
| <p>1. Would you say you can carry on a conversation in English <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/> Prefer not to answer</p> <p>2. Would you say you can read a newspaper in English <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/> Prefer not to answer</p> <p>3. Do you or any member of your household have a disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer</p> <p>4. Are you or your spouse a Veteran of the U.S. Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer</p> <p>5. What is your race and/or ethnicity? <u>Select all that apply</u></p> <p><input type="checkbox"/> American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)</p> <p><input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)</p> <p><input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)</p> <p><input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)</p> <p><input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)</p> <p><input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)</p> | <p>6. What is your spouse's race and/or ethnicity? <u>Select all that apply</u></p> <p><input type="checkbox"/> American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)</p> <p><input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)</p> <p><input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)</p> <p><input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)</p> <p><input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)</p> <p><input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)</p> |
|---|--|

Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at Treasury.gov/System of Records Notices (SORNs). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.



< ☰
2023

[Preview Return](#)
Help & Support ?

Matthew Monroe ▾
[Save & Exit ↗](#)

Form Finder

Enter the form number...

- Basic Information
- Federal Section
- Health Insurance
- State Section
- Summary/Print
- E-file
- 2023 Amended Return

DELETE

INCOMPLETE

PAPER

READY TO EFILE

STATE ONLY

WAITING FOR SIGNATURE

[View all return tags](#)

Return review status

Transmit Return

E-file the completed tax return

Select one:

Mark tax return ready for review

Mark tax return as complete

BACK

↗ SAVE & RETURN

CLIENT INFORMATION

Matthew Monroe

SSN: xxx-xx-xxxx

DOB: 04/30/1963

Phone: (410) 294-9010

Address: 135 discover ave
Lutherville Timonium, MD
21093

SUMMARY

AGI	\$75,567
Federal	\$5,186
Fees	\$0.00
Subtotal	\$5,186.00
Total	\$5,186.00

PREPARER INFORMATION

IRS

Quick Tips

- If in doubt, ask!
- Always scan & upload all documents (*and delete once uploaded*)
- Pub 4012 is your friend
- Watch out for decimals
- You will always need:
 - a SS Card & ID to **start a return**
 - A signed **EL-101** (MD State)& **8879** (Federal) e-file authorization form to **finish a return**
- Double check banking information
- Say NO to "Global Carry Forward"

Home Page - VITA/TCE Spring x vita.taxslayerpro.com/2023/a x +

vita.taxslayerpro.com/2023/avalon/ProEFile/#/efile/taxpayerConsent

2023 Preview Return Help & Support Janice McFadden Save & Exit

Return Details Fee Summary State ID License **Taxpayer Consent** Custom Questions Custom Credits Submission Page

Form Finder

Enter the form number...

- Basic Information
- Federal Section
- Health Insurance
- State Section
- Summary/Print
- E-file
- 2023 Amended Return
- Your Office
- Create Customer Portal
- Help & Support

Consent to Disclose Tax Return Information to VITA/TCE Tax Prep Sites
 TaxYear 2023: the taxpayer/spouse will be required to accept or deny. If they deny, the return is still eligible for site to site carryforward

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software- to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season. **This means-** you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year. **This consent is valid-** through November 30, 2025

The tax return information that will be disclosed includes, but is not limited to- demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return. **This information includes-** your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return. **The tax return information that will be disclosed also includes-** the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return. **You do not need to provide consent for the VITA/TCE partner preparing your tax return this year-** Carry Forward will assist you only if you visit a different VITA or TCE partner next year.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent- of the disclosure of tax return information to a date earlier than presented above (November 30, 2025). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I will deny consent. **Limitation on the Scope of Disclosure:**- I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Accept I/We, the Taxpayer have read the above information. By typing in my/our taxpayer PIN(s) and checking this input, I/We hereby **GRANT** consent to "Consent to Disclose Tax Return Information to VITA/TCE Tax Prep Sites" as stated above.

Decline I/We, the Taxpayer have read the above information. By checking this input, I/We hereby **DENY** consent to "Consent to Disclose Tax Return Information to VITA/TCE Tax Prep Sites" as stated above.

CLIENT INFORMATION

Janice McFadden

SSN: xxx-xx-xxxx
 DOB: 03/14/1985
 Phone: (319) 847-4748
 Address: 632 Plymouth
 Lutherville Timonium, MD
 21093

SUMMARY

AGI	\$51,032
Federal	-\$7,581
Fees	\$0.00
Subtotal	-\$7,581.00
State - MD	-\$2,504
Total	-\$10,085.00

PREPARER INFORMATION

IRS

Phone:
 Email: m*****1@loyola.edu



Volunteer Income Tax Assistance Program

Website Walkthrough

- LoyolaVITA is very excited to share our own website
- Who can use it?
 - Clients
 - Volunteers (Student and Professionals)

<https://www.loyola.edu/join-us/volunteer-income-tax-assistance/>

Volunteer Income Tax Assistance (VITA) is a program in partnership with the nonprofit [CASH \(Creating Assets, Savings, and Hope\) Campaign of Maryland](#) that offers free tax preparation services for the community of Baltimore. Loyola students from a variety of academic backgrounds and accounting professionals offer their time to volunteer with our program



CLINIC TOUR