



DCSGP\_ECTF  
National Taxpayer VoterID Act

# Taxpayer Voter Identification Act

[TVIA]

Long title\_ An Act to establish national voter Identification and registration standards for federal and state elections by taxpayers to enforce the fourteenth amendment to the Constitution of the United States, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act shall be known as the "Taxpayer Voter Identification Act"

## PREAMBLE

The United States of America is founded on the principle of "No taxation, without Representation".

Accordingly, any document that is sufficient to the Federal or State Government for assessing taxation constitutes sufficient taxpayer identification to register and vote for that Government.

Section 2. Any inhabitant of a State and citizen of the United States that files a Federal or State Tax Return including dependents of voting age by regular mail or electronic filing shall automatically be registered to vote in that State, and the State's Board or Division of Elections will provide a State Voter ID card to all State taxpayers and their voting age dependents by regular or electronic mail.

Section 3. Any state that denies or abridges Taxpayer Voter Registration and Voter ID cards to citizens of the United States covered by section two of this act is subject to the malapportionment penalty clause of section two of the fourteenth amendment as implemented by section six of title two of the United States Code.

Section 4. Nothing in this Act shall prohibit any U.S. citizen of any state, territory or the District of Columbia from registering to vote in the traditional fashion with their applicable board or division of elections.

Section 5. The voter I.D. card issued by the states under this legislation shall be used for the purpose of identification at the voting polls only in the state in which it is issued.

**SCHEDULE TVID**

(Form 1040A, 1040ez or 1040)

Department of the Treasury  
Internal Revenue Service**Taxpayer Voter Registration & ID**

▶ Attach to Form 1040A, 1040EZ, or 1040.

▶ Information about Schedule TVID and its instructions is at [www.irs.gov/scheduletvid](http://www.irs.gov/scheduletvid)

OMB No. 1545-000074

**2015**Attachment  
Sequence No. **14**

Your first name and initial		Last name		Last four digits of social security number	
Date of Birth ____ / ____ / ____	<b>Party Registration</b> - Check one box : <input type="checkbox"/> Democratic Party _ <input type="checkbox"/> Republican Party _ <input type="checkbox"/> Libertarian Party _ <input type="checkbox"/> Green Party <input type="checkbox"/> Constitution Party _ <input type="checkbox"/> No Party(independent) _ <input type="checkbox"/> Other Party(write in) _____			U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
If a joint return, spouse's first name and initial		Last name		Last four digits of social security number	
Date of Birth ____ / ____ / ____	<b>Party Registration</b> - Check one box : <input type="checkbox"/> Democratic Party _ <input type="checkbox"/> Republican Party _ <input type="checkbox"/> Libertarian Party _ <input type="checkbox"/> Green Party <input type="checkbox"/> Constitution Party _ <input type="checkbox"/> No Party(independent) _ <input type="checkbox"/> Other Party(write in) _____			U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City and State		Apt/Unit	Zip Code
Address Where You Get Your Mail (if different from above)					Zip Code

**Voting Age Dependents** \_ Line 6c 1040A, 1040

First name		Last name		Last four digits of social security number	
Date of Birth ____ / ____ / ____	<b>Party Registration</b> - Check one box : <input type="checkbox"/> Democratic Party _ <input type="checkbox"/> Republican Party _ <input type="checkbox"/> Libertarian Party _ <input type="checkbox"/> Green Party <input type="checkbox"/> Constitution Party _ <input type="checkbox"/> No Party(independent) _ <input type="checkbox"/> Other Party(write in) _____			U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
First name		Last name		Last four digits of social security number	
Date of Birth ____ / ____ / ____	<b>Party Registration</b> - Check one box : <input type="checkbox"/> Democratic Party _ <input type="checkbox"/> Republican Party _ <input type="checkbox"/> Libertarian Party _ <input type="checkbox"/> Green Party <input type="checkbox"/> Constitution Party _ <input type="checkbox"/> No Party(independent) _ <input type="checkbox"/> Other Party(write in) _____			U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
First name		Last name		Last four digits of social security number	
Date of Birth ____ / ____ / ____	<b>Party Registration</b> - Check one box : <input type="checkbox"/> Democratic Party _ <input type="checkbox"/> Republican Party _ <input type="checkbox"/> Libertarian Party _ <input type="checkbox"/> Green Party <input type="checkbox"/> Constitution Party _ <input type="checkbox"/> No Party(independent) _ <input type="checkbox"/> Other Party(write in) _____			U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
First name		Last name		Last four digits of social security number	
Date of Birth ____ / ____ / ____	<b>Party Registration</b> - Check one box : <input type="checkbox"/> Democratic Party _ <input type="checkbox"/> Republican Party _ <input type="checkbox"/> Libertarian Party _ <input type="checkbox"/> Green Party <input type="checkbox"/> Constitution Party _ <input type="checkbox"/> No Party(independent) _ <input type="checkbox"/> Other Party(write in) _____			U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Date of Birth ____ / ____ / ____	<b>Party Registration</b> - Check one box : <input type="checkbox"/> Democratic Party _ <input type="checkbox"/> Republican Party _ <input type="checkbox"/> Libertarian Party _ <input type="checkbox"/> Green Party <input type="checkbox"/> Constitution Party _ <input type="checkbox"/> No Party(independent) _ <input type="checkbox"/> Other Party(write in) _____			U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Sign Here**Keep a copy for  
your records

Under penalties of perjury, I declare that I have examined this schedule and to the best of my knowledge and belief, the entries to this form are true, correct, and complete.

Your signature

**DC Statehood  
Green Party**  


Spouse's signature. If a joint re