

Intake/Interview and Quality Review Sheet

Social Security Number:

Taxpayer SS#: _____ Spouse SS#: _____

Please check box if GRIC member, other federally-recognized tribe, or not affiliated with any Tribe

Taxpayer: GRIC Other Tribe None
Spouse: GRIC Other Tribe None

Did you live and work on your own reservation?

| | <u>Live</u> | | <u>Work</u> | |
|-----------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Taxpayer: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Spouse: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Provide information for Other Income received:

| | | | | |
|----------|------------------|------------------------------|-----------------------------|---------------|
| Taxpayer | Per Capita: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Amount: _____ |
| | Stipend: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Amount: _____ |
| | Gaming Winnings: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Amount: _____ |
| | IRS Stimulus: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Amount: _____ |
| | GRIC Stimulus: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Amount: _____ |
| Spouse | Per Capita: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Amount: _____ |
| | Stipend: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Amount: _____ |
| | Gaming Winnings: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Amount: _____ |
| | IRS Stimulus: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Amount: _____ |
| | GRIC Stimulus: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Amount: _____ |

Did any of your Dependents have income for the tax filing year?

Dependent #1: Yes No
Date of Birth #1: _____
SS #1: _____

Dependent #2: Yes No
Date of Birth #2: _____
SS #2: _____

Dependent #3: Yes No
Date of Birth #3: _____
SS #3: _____

If Direct Deposit for refund, complete information below and initial to verify information is correct:

Bank Name: _____ Initials: _____

Bank Routing #: _____ Initials: _____

Savings: Yes No Savings Account #: _____ Initials: _____

Checking: Yes No Checking Account #: _____ Initials: _____

Need Phone Number and Email to Contact You:

Phone: _____ Email: _____