Intake/Interview and Quality Review Sheet

Taxpayer 55#	er: :		_ Spous	e SS#:	
Contact Information: Phone:		Em	ail:		
Message Phone:		Othe	er:		
Please check box if GI	RIC member, o	ther federall	v-recognize	ed tribe, or	not affiliated with any Tribe
Taxpayer:	GRIC □			None \square	J
Spouse:	GRIC □	Other Tribe		None □	
Did you <u>live and work</u>	on <u>your own</u> 1	reservation?			
	<u>Live</u>			_	<u>Work</u>
Taxpayer:		No □		Yes □	No 🗆
Spouse:	Yes □	No □		Yes □	No 🗆
Provide information f					
	_	Yes		No □	Amount:
Spouse	Per Capita:	Yes	\Box	No □	Amount:
Pension: If you receive	e pension is it f	from work fro	om <u>your ow</u>	<u>n</u> reservati	on?
•	_		•		
Taxpayer:	Yes \square	No			
Spouse:	Yes □	No			
Spouse: Did you receive any A Did any of your Dependent #1:	Yes □ dvanced Child Yes □ ndents have inc Yes □	No Tax Credit f No □ come over \$4: No	\Box For dependence 300 for the \Box	tax filing y	ear?
Spouse: Did you receive any A Did any of your Dependent #1: Date of Birth #	Yes □ dvanced Child Yes □ ndents have inc Yes □ 1:	No Tax Credit f No □ come over \$4. No	□ Sor dependence Government Solution Solu	tax filing y	
Spouse: Did you receive any A Did any of your Dependent #1:	Yes □ dvanced Child Yes □ ndents have inc Yes □ 1:	No Tax Credit f No □ come over \$4. No	□ Sor dependence Government Solution Solu	tax filing yo	ear?
Spouse: Did you receive any A Did any of your Dependent #1: Date of Birth # Dependent #2: Date of Birth # Dependent #3:	Yes □ dvanced Child Yes □ ndents have inc Yes □ 1: Yes □ 2:	No Tax Credit f No Come over \$4: No No No	☐ Gor dependence SS #1: ☐ SS #2: ☐	tax filing yo	ear?
Spouse: Did you receive any A Did any of your Dependent #1: Date of Birth # Dependent #2: Date of Birth #	Yes □ dvanced Child Yes □ ndents have inc Yes □ 1: Yes □ 2:	No Tax Credit f No Come over \$4: No No No	☐ Gor dependence SS #1: ☐ SS #2: ☐	tax filing yo	ear?
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Spouse: Did you receive any A Did any of your Deper Dependent #1: Date of Birth # Dependent #2: Date of Birth # Dependent #3: Date of Birth # If Direct Deposit for r Bank Name: S	Yes □ dvanced Child Yes □ ndents have inc Yes □ 1: Yes □ 2: Yes □ 3: efund, complete avings or Ch	No Tax Credit f No Come over \$4: No No No No Income information	Gor dependence 300 for the SS #1: SS #2: SS #3: n below and	tax filing yo	ear? ear? erify information is correct:
Spouse: Did you receive any A Did any of your Dependent #1: Date of Birth # Dependent #2: Date of Birth # Dependent #3: Date of Birth # If Direct Deposit for r Bank Name: S Bank Routing #	Yes □ dvanced Child Yes □ ndents have inc Yes □ 1: Yes □ 2: Yes □ 3: efund, complete	No Tax Credit f No come over \$4: No No No No te information	Gor dependence 300 for the SS #1: SS #2: SS #3: n below and	tax filing yo	ear? verify information is correct:

Consent: I give my consent for GRIC VITA Program to use my data from my tax return, specifically number of returns completed and the refund amount that is a combined amount with all VITA participants to promote the GRIC VITA Program on social media. The combined totals are shared with the Government & Management Standing Committee and Community Council in the Internal Audit Department's Quarterly Report.

Signature: _____

Example: "This year, the GRIC VITA Program completed a total of 4,200 tax returns that provided \$3.7 million in refunds to the Community Members and Employees with no fees charged."