Intake/Interview and Quality Review Sheet

Social Security Number: Taxpayer SS#: Contact Information: Phone: Message Phone:		Spouse SS#:						
Please check box if	GRIC member,	other federally	-recogni	zed tribe	, or no	t affiliated	l with any	Tribe
Taxpayer:	GRIC	Other Tribe		None				
Spouse:	GRIC	Other Tribe		None				
Did you <u>live and wo</u>						XX / 1		
Taxpayer:	Li Yes 🗌	No 🗌		Yes		Work	No	
Spouse:	Yes	No		Yes	_		No 🗌	
Provide information	n for Other Inco	me received:						
Taxpayer:		Yes	No	1	Amou	nt:		
	Per Capita					nt:		
Pension: If you rece	ive pension is it	t from work fro	m <u>your o</u>	<u>)wn</u> resei	vation	?		
Taxpayer:	Yes	No						
Spouse:	Yes	No						
Did any of your <u>Der</u>	<u>oendents</u> have <u>i</u>	<u>ncome over \$4,4</u>	<u>400</u> for tl	he tax fili	ng yea	r?		
Dependent #	1: Yes	No						
Date of Birth	u #1:		SS #	1:				
Dependent #	2: Yes	No						
Date of Birth	#2:		SS #2	2:				
Dependent #	3: Yes	No						
Date of Birth	#3:		SS #	3:				

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."