

Intake/Interview and Quality Review Sheet

Social Security Number:

Taxpayer SS#: _____ Spouse SS#: _____

Contact Information:Phone: _____
Message Phone: _____Email: _____
Other: _____**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?**

	Live		Work	
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 No Amount: _____
Spouse: Per Capita Yes No Amount: _____**Pension: If you receive a pension is it from your work or from your own reservation? (Examples: OMB, AZ Public Safety Personnel Retirement Systems, and BIA)**Taxpayer: Yes No
Spouse: Yes No **If Direct Deposit for refund, complete information below and initial to verify it's correct?**Bank Account Type: Savings Checking

Initials: _____

Bank Name: _____

Bank Routing Number: _____

Account Number: _____

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."*