RELATIONSHIPS | COMMUNITY | INVESTMENT | AID | TRANSFORMATION

CARE COMMUNITY CENTER

2510 N 17th STREET, SUITE 203, PO BOX 1030, ROGERS AR 72756
p: 479-246-0104 | f: 479-246-0110
www.carecc.org
"We Believe No One Should Be Hungry"
501c3 EIN 462973383

Welcome to the CARE Community Tax Center

This intake form helps our volunteers understand your household and tax situation so we can prepare your return accurately.

Please complete this form as best you can. If you're unsure about any question, leave it blank. A volunteer will review it with you.

Your information is kept confidential and used only for tax preparation and required program reporting.

PLEASE PRINT DATE_____ ☐ VITA ☐ TCE

Taxpayer's Name: _____

Spouse's Name: _____

Driver's License #:_____State:_____ Date of Birth: _____

Spouse's Driver's License #:_____State:_____ Date of Birth: _____

Street Address:_____

City:_____ State____ Zip_____

Taxpayer's Phone #_____ Spouse's Phone #_____

Taxpayer's Email: _____

Spouse's Email: _____

State Return(s) to File: _____

County of Residence:

☐ Benton ☐ Washington ☐ Madison ☐ Carroll ☐ Other: _____

List everyone who will be claimed on this tax return.
HOUSEHOLD MEMBERS **INCLUDED** ON THIS RETURN:

NAME	AGE	BIRTHDATE

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NAME	AGE	BIRTHDATE

List other people living in your household who are not included on this tax return.
HOUSEHOLD MEMBERS **NOT INCLUDED** ON THIS RETURN:

NAME	AGE	RELATIONSHIP

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Please list all sources of income for you or anyone in your household that will be on this return. This includes wages, benefits, and other regular income.

Household Income Information
(Include income for you and anyone listed above.)

SOURCE/TYPE OF INCOME	AMOUNT	(M)ONTHLY (A)NNUALLY

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Additional Household Details (Optional)

Race / Ethnicity:
- ☐ White
- ☐ Black or African American
- ☐ Hispanic / Latino
- ☐ Asian
- ☐ Native American / Alaska Native
- ☐ Native Hawaiian / Pacific Islander
- ☐ Two or More Races
- ☐ Prefer Not to Say
- ☐ Other: _____

Gender of Primary Applicant:
☐ Male ☐ Female ☐ Non-Binary ☐ Prefer Not to Say ☐ Other: _____

Are you or your spouse a Veteran?
☐ Yes ☐ No

Do you currently receive SNAP / Food Stamps?
☐ Yes ☐ No ☐ Pending Application Amount: _____

Highest Level of Education Completed:
- ☐ Less than High School
- ☐ High School / GED
- ☐ Some College
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Graduate / Professional Degree

Type of Housing:
- ☐ Own
- ☐ Rent
- ☐ Living with Family/Friends
- ☐ Temporary / Shelter
- ☐ Transitional Housing
- ☐ Homeless
- ☐ Other: _____

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Type of Health Insurance:

☐ None
☐ Medicaid / ARKids
☐ Medicare
☐ Employer-Provided
☐ Marketplace / Private Insurance
☐ VA Benefits
☐ Other: _____

I understand that the information on this form will be used to prepare my tax return. I may be asked additional questions and to provide documents related to my tax situation.

My information is kept confidential and used in accordance with the VITA/TCE Program. Only non-identifiable information is used for grant reporting.

Taxpayer Signature:_____ Date:_____

Spouse Signature: _____ Date:_____

For CARE Staff Use Only:

ENTERED: _____ BY: _____ DATE: _____