

Data Collection Form

Intake Information

Organization _____
 Location _____ Date of intake DD / MM / YYYY _____

Guest Information

First Name _____ Last Name _____ Date of Birth DD / MM / YYYY _____
 Employment status: Full-Time Part-Time Self-Employed Unemployed Other
 Occupation: _____
 Address _____
 City/State/Zip _____
 Phone () - _____ Email _____
(required only if a debit card is requested)

If you are to receive a refund, how would you like it disbursed to you?

- Paper check Focus prepaid debit card
 Direct debit using the routing and account numbers I have provided via photograph

Documentation

Photo Identification	<input type="checkbox"/> Please provide	<input type="checkbox"/> Provided	
Proof of SSN/ITIN (last four: ____ ____ ____ ____)	<input type="checkbox"/> Please provide	<input type="checkbox"/> Provided	
Other documentation (as applicable)			
W-2	<input type="checkbox"/> Please provide	<input type="checkbox"/> Provided	<input type="checkbox"/> Not applicable
1099-G Unemployment Income	<input type="checkbox"/> Please provide	<input type="checkbox"/> Provided	<input type="checkbox"/> Not applicable
SSA-1099 Social Security or Disability Income	<input type="checkbox"/> Please provide	<input type="checkbox"/> Provided	<input type="checkbox"/> Not applicable
Record of Alimony Paid/Received	<input type="checkbox"/> Please provide	<input type="checkbox"/> Provided	<input type="checkbox"/> Not applicable
Record of Child Care Expenses	<input type="checkbox"/> Please provide	<input type="checkbox"/> Provided	<input type="checkbox"/> Not applicable
Other (please explain)	<input type="checkbox"/> Please provide	<input type="checkbox"/> Provided	<input type="checkbox"/> Not applicable

NOTES

Is there anything else we should know?

By signing below I certify that the information I have provided is true and accurate to the best of my ability.

Signature

Spouse's signature (if applicable)

Family Information

<i>Spouse</i>		<i>Spouse</i>		<i>Spouse</i>	
First Name	_____	Last Name	_____	Date of Birth	DD / MM / YYYY
Employment status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other					
Occupation: _____					
<i>Dependent 1</i>		<i>Dependent 1</i>		<i>Dependent 1</i>	
First Name	_____	Last Name	_____	Date of Birth	DD / MM / YYYY
<i>Dependent 1</i>		<i>Dependent 1</i>		<i>Dependent 1</i>	
First Name	_____	Last Name	_____	Date of Birth	DD / MM / YYYY
<i>Dependent 1</i>		<i>Dependent 1</i>		<i>Dependent 1</i>	
First Name	_____	Last Name	_____	Date of Birth	DD / MM / YYYY
<i>Dependent 1</i>		<i>Dependent 1</i>		<i>Dependent 1</i>	
First Name	_____	Last Name	_____	Date of Birth	DD / MM / YYYY

Documentation

Photo Identification

Spouse	<input type="checkbox"/> Please provide	<input type="checkbox"/> Provided	<input type="checkbox"/> Not applicable
Dependent(s)	<input type="checkbox"/> Please provide	<input type="checkbox"/> Provided	<input type="checkbox"/> Not applicable

Proof of SSN/ITIN

Spouse	<input type="checkbox"/> Please provide	<input type="checkbox"/> Provided	<input type="checkbox"/> Not applicable
Dependent(s)	<input type="checkbox"/> Please provide	<input type="checkbox"/> Provided	<input type="checkbox"/> Not applicable

Other documentation (as applicable)

Other (please explain)	<input type="checkbox"/> Please provide	<input type="checkbox"/> Provided	<input type="checkbox"/> Not applicable
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