THE River Center
Supporting Our Community for Generations

Supplemental Intake/Interview Form

TAXPAYER INFORMATION

Preferred Name(s): _____

(TAXPAYER) **(SPOUSE)**

Which tax return are you here to do?

☐ 2025 Income Taxes ☐ Prior Year(s)_____ ☐ Other_____

How did you have your taxes done last year?

☐ Came here
☐ Other free tax place like this
☐ Did it myself
☐ Family or friend did it for me
☐ Did not file last year
☐ Prefer not to answer

How did you hear about us?

☐ Used this site before
☐ Word of mouth
☐ Newspaper Ad/Article
☐ TV or Radio
☐ 2-1-1
☐ Social media
☐ Web search/Website
☐ Poster/Flyer
☐ Agency

_____

☐ Other

_____

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

☐ Direct Deposit into my checking or savings account
☐ Split the refund between 2 or more accounts
☐ US Savings Bond
☐ Paper Check

5. If you have a balance due, how may we help?

☐ I will mail a paper check
☐ Share other payment options with me
☐ I want the payment to come out of my checking or savings account

BANKING INFORMATION IF EXPECTING A REFUND OR MAKING TAX PAYMENT

(This information will be shredded when all other data is entered in the system)

☐ Checking ☐ Savings

BANK NAME

_____

ROUTING #

_____

ACCOUNT #

_____

☐ Checking ☐ Savings

BANK NAME

_____

ROUTING #

_____

ACCOUNT #

_____

Turn over for more

Savings and Resources

If you receive a refund this year, do you plan to use the money to do any of the following? (check all that apply):

- ☐ Pay bills
- ☐ Food or clothing
- ☐ Rent or mortgage payment
- ☐ Tuition or other education expenses
- ☐ Pay for childcare
- ☐ Help a family member
- ☐ Childcare
- ☐ Buy a large item
- ☐ Save some of it
- ☐ Prefer not to answer
- ☐ Other:

Property Tax Relief

Do you own your home?

☐ Yes ☐ No

Would you like us to contact you about the Property Tax Relief Program if you own your home?

☐ Yes ☐ No

Programs

Would you like more information about any of the following topics?

- ☐ Parenting support
- ☐ Children's programs
- ☐ Support for raising non-biological children ex. grandchildren
- ☐ Childcare
- ☐ Child Care Scholarship
- ☐ Other:

_____

- ☐ Financial Wellness Topics:
  - ☐ Learning about taxes
  - ☐ Opening a bank account
  - ☐ Getting rid of debt
  - ☐ Health Insurance
  - ☐ Legal help
  - ☐ Owning a home
  - ☐ Credit repair
  - ☐ Rental assistance
  - ☐ Money Coaching

If yes to any of the above, provide the following:

Phone: _____ Email: _____

I would also like to receive your newsletter sent about 1-2 times/month with news and programs

☐ Yes ☐ No