



## Tax Intake Form

Taxpayer Name: \_\_\_\_\_

Taxpayer Name: \_\_\_\_\_

M1PR ONLY

☐

BANKING INFORMATION	
DIRECT DEPOSIT INFORMATION	
Please circle the appropriate account and enter the name of the financial institution, routing number and account number below	
Type of account:	<b>Checking</b> <b>Savings*</b> <b>Prepaid account</b> <b>Other Account</b>
Name of the Bank:	<b>Per the IRS mail check as an option may take up to 60 days to receive it.</b>
Routing Number:	
Account Number:	
*Savings account: Do not use the routing number on the bottom of savings deposit slip. Verify the routing number with your financial institution.	Would you like your refund mailed to you?  (circle one)    Yes    No

ADDITIONAL SITUATIONS IMPACTING THE MINNESOTA INCOME RETURN		
YES	NO	Were you a resident of Minnesota the entire year?
		Did you have a child born in 2025?
		Did you pay education expenses in 2025 for your child/children attending K-12? Do you have documentation for taxes?
		Did you pay for child care services in 2025? Do you have documentation for taxes?
		Do you have documentation for mileage to report from 01.01.2025 through 12.31.2025?
		Did you make Minnesota estimated income tax payments in 2024 to pay taxes in advance? Please list dollar amount \$ _____
		Are you a renter? How many 2025 (Certificates of Rent Paid) CRP do you have? _____
		Are you a mobile home renter only? Do you have your 2025 CRP (Certificates of Rent Paid)?
		Are you a homeowner? Do you have your 2026 property statement from the county which you reside in?
		Are you a mobile homeowner with lot rental- Do you have CRP and 2026 property statement?

TAXPAYER SURVEY		
YES	NO	Would like more information on the Energy Assistance Program? If you have not already applied.
		Would like more information on the Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps? If you have not already applied.
		Do you have a checking account?
		Do you have a savings account? If yes, do you have over \$500 in savings account (circle one) YES    NO
		Do you have a pre-paid debit card?
		Do you have a credit card?
		Would you like information on the process of getting free credit report?
		Have you increased your savings since last year?
		Have you used Tri-CAP tax program in the past?
How did you hear about Tri-CAP's Tax Program?		

## CONSENT TO USE AND DISCLOSE OF TAX RETURN INFORMATION

You are required to complete this form to engage in our tax return preparation services today.

If you agree to the below, your tax return can be E-filed and kept in the software. If you disagree, your return will be deleted from the software and there will be no future access to it.

**Taxpayer Name:** (Print) \_\_\_\_\_

**Taxpayer Name:** (Print) \_\_\_\_\_

### Tri-CAP Agrees:

- That we will keep your electronic and paper tax returns secure.
- We will never share your name, social security number, employer or other personal information with anyone without your permission.

### YOU AGREE:

- Then we can create a computer file with information from your tax return that will include personal information such as your name and social security number.
- We can use non-identifying information from your tax return to prepare reports and applications in support of the VITA program.
- That we can share information with you about community services that may be available to you.
- That we can include **non-identifying** (i.e. gender, race, filing status, etc.) information from your tax return in anonymous, aggregate data reports:
  - In marketing materials to promote the program
  - In the submission of funding applications which support the program

**I/We the taxpayer(s) have read the above information and hereby consent to the tax preparer's Use of Tax Return Information for the purposes stated above.**

Taxpayers signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second taxpayer signature  
(If married and filing jointly): \_\_\_\_\_ Date: \_\_\_\_\_

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).