



You could be eligible to receive up to **several thousand dollars** through the **Earned Income Tax Credit**

DO YOU QUALIFY?

- ❖ Workers with **three or more children** who earned less than **\$43,998** (single parent) or less than **\$49,078** (married) in 2011 are eligible for a credit of up to **\$5,751**.
- ❖ Workers with **two children** who earned less than **\$40,964** (single parent) or less than **\$46,044** (married) in 2011 are eligible for a credit of up to **\$5,112**.
- ❖ Workers with **one child** who earned less than **\$36,052** (single parent) or less than **\$41,132** (married) in 2011 are eligible for a credit of up to **\$3,094**.
- ❖ Workers **without a qualifying child** who earned less than **\$13,660** (single parent) or less than **\$18,740** (married) in 2011 are eligible for a credit of up to **\$464**.
- ❖ **Here are the rules to claim the credit . . .**
 - Must work and have earned income
 - Must have a valid Social Security number
 - Investment income limited to \$3,150
 - Generally must be a U.S. citizen or resident alien all year
 - Cannot file as married filing separately
 - Cannot be a qualifying child of another person
 - Cannot file Form 2555 or 2555-EZ (related to foreign earned income)
 - You have to file a federal tax return to get EITC

**To file your federal & state taxes for free with certified volunteers,
Visit one of CADDC's Free VITA Tax Sites (see reverse side for draft listing)**

Or attend one of our Super Saturday events:

Saturday, February 4, 9am until 3 pm at the Arkansas Workforce Center of Little Rock, 5401 S. University

Saturday, February 11, 9 am until 2 pm, Benton Senior Activity Center, 210 Jefferson Drive in Benton

At VITA Tax Sites, customers can receive refunds on debit cards, split refunds into multiple accounts, purchase a US Savings Bond, or find out about free financial education classes



**CADC CUSTOMER INTAKE
2012 TAX PROGRAM SURVEY DATA**

Site ID: _____
Date: _____

The information collected on this form is not used to determine eligibility for services

1. PERSONAL INFORMATION

Name: _____ Social Security # (last 4 digits): _____

Street Address: _____ City _____ County: _____ State: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Birthdate? ____/____/____

What is your gender? ____ Male ____ Female

What is your income? _____

What is your ethnicity? (Circle One)

- 1. Hispanic
- 2. Non-Hispanic

What is your race (Circle one)

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. Multi-Racial/Multi-Ethnic
- 7. Other

Primary Language: _____

What is your current housing situation? (Circle All that apply)

- 1. I own my home
- 2. I rent a home or apartment
- 3. I am homeless/live in a shelter
- 4. Other

Health insurance?* ____ Yes ____ No

Are You Disabled? ____ Yes ____ No

*ArKids, Medicaid and Medicare qualify as health insurance

What is your highest educational degree completed? (Circle One)

- 1. Attended through junior high (0-8 grade)
- 2. Completed Grades 9-12/Non Graduate
- 3. Have high school diploma/GED
- 4. Some College
- 5. Have Associate's, Bachelor's Degree or higher
- 6. Other

2. HOUSEHOLD INFORMATION

How Many People Live in your Household? _____

What is your family type? (Circle One)

- 1. Single Parent Female
- 2. Single Parent Male
- 3. Two Parent Household
- 4. Single Person
- 5. Adults Only
- 6. Other

Sources of Income For all Household Members (Circle All That Apply)

- 1. Employment Wages/Self-Employment
- 2. Social Security
- 3. Unemployment Insurance
- 4. Retirement/Pension
- 5. SSI
- 6. TANF
- 7. General Assistance
- 8. Other

PLEASE COMPLETE THE OTHER SIDE

INFORMATION ON HOUSEHOLD MEMBERS

Name of Household Member	Relation-ship	Age	Hispanic (Yes/No)	Race* (See List)	Sex (M/F)	Educational Level	Health Insurance** (Yes/No)	Disabled (Yes/No)	Monthly Income
1.									
2.									
3.									
4.									
5.									
6.									

*Race (Select One)

- 1. White
- 2. Black or African American
- 3. Native Indian/Alaskan Native
- 4. Multi-Racial/Multi Ethnic
- 5. Native Hawaiian/Other Pacific Islander
- 6. Other

**ArKids , Medicaid and Medicare qualify as Health Insurance

WOULD YOU LIKE TO BE KNOW MORE ABOUT: (CIRCLE ALL THAT APPLY)

- a. Financial Education
- b. Single Parent Scholarship Fund
- c. Debit Cards
- d. Matched Savings Account
- e. Weatherization
- f. Volunteering in the Tax Program
- g. US Savings Bonds
- h. Head Start
- i. Other _____

3. CONFLICT OF INTEREST AND CONFIDENTIALITY

Are you or a family member employed by CADC? Yes _____ No _____
 If Yes, please list names of persons employed: _____ Relationship: _____
 Are you or a family member on the CADC Board of Directors? Yes _____ No _____
 If Yes, please list names of persons on board: _____ Relationship: _____

I understand that completion of this form does not determine eligibility for services? Yes _____ No _____
 I understand disclosure of my social security number is voluntary & will not be used for identification? Yes _____ No _____
 I understand information will be kept strictly confidential unless its release is authorized by me in writing? Yes _____ No _____
 I understand that general statistical information compiled with household information will be used to create reports to support requests for funding for CADC programs and services? Yes _____ No _____

Customer Signature: _____

Date: _____

CADC Signature: _____

Date: _____