

Community Based Outlet Program

OMB 1545-1753

Section 1 - Type of Contact

Please date and check the appropriate box.

Date _____

- | | | | |
|--------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Copy Center | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> City/County Government |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Credit Union | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Other _____ |

Section 2 - Contact Information

Please print.

Participant _____

Address _____ Suite/Apt. No. _____

City _____ State _____ ZIP _____

Contact Person _____

Phone Number (_____) _____ Ext. _____

E-mail Address _____

Section 3 - Other Informational Needs

Your special needs or interests are...?

- | | | |
|---|--|--|
| <input type="checkbox"/> EITC (<i>Earned Income Tax Credit</i>) | <input type="checkbox"/> Small Business/Self Employed | <input type="checkbox"/> VITA (<i>Volunteer Income Tax Assistance</i>) |
| <input type="checkbox"/> Reproducible Federal Tax Products | <input type="checkbox"/> Electronic Filing (<i>e-file</i>) | <input type="checkbox"/> TCE (<i>Tax Counseling for the Elderly</i>) |
| <input type="checkbox"/> Other (<i>Please specify</i>) _____ | | |

Instructions for Form 10574

Purpose - Form 10574 is used by potential outlets that may want to participate in the Community Based Outlet Program or that require additional information concerning the program parameters or services provided.

Section 1, Type of Contact - Check the box that most closely describes your type of entity. If none of the options describes the outlet, check the "other" box and describe in the space provided.

Section 2, Contact Information - Please provide complete contact information.

Section 3, Other Informational Needs - Check the appropriate boxes and/or provide additional information if the "other" box is selected.

Fax completed form to: (309) 662-2432

Customer Service: (800) 829-2765

Paperwork Reduction Act Notice

We ask for information on this form to carry out the Internal Revenue laws of the United States. Your response is voluntary. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on the individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave NW, Washington, DC 20224. Do not mail your Form 10574 to this address.