

# Community Based Outlet Program

OMB 1545-1753

## Section 1 - Type of Contact

Date \_\_\_\_\_

**Please check appropriate box.**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Corporation (K)  | <input type="checkbox"/> Credit Union (U) | <input type="checkbox"/> Grocery Store (F) | <input type="checkbox"/> Government Agency (V)  |
| <input type="checkbox"/> Newspaper (N)    | <input type="checkbox"/> Post Office (P)  | <input type="checkbox"/> Library (L)       | <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local |
| <input type="checkbox"/> Copy Centers (Q) | <input type="checkbox"/> Other _____      |  |   |

## Section 2 - Contact Information

**Please print.**

Participant \_\_\_\_\_

Address \_\_\_\_\_ Suite/Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Ext. \_\_\_\_\_

Email address \_\_\_\_\_

## Section 3 - Information on Needs

**Your special needs or interests are ...?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Federal Tax Products in Bulk ( <i>Libraries &amp; Post Offices only</i> ) | <input type="checkbox"/> EITC ( <i>Earned Income Tax Credit</i> ) |   |
| <input type="checkbox"/> CD-ROM  | <input type="checkbox"/> Reproducible Products                    | <input type="checkbox"/> Small Business/Self Employed Information |
| <input type="checkbox"/> Other ( <i>Please specify</i> ) _____                                     |   |   |

**Would you like more information about...?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Electronic Filing ( <i>e-file</i> )   | <input type="checkbox"/> VITA ( <i>Volunteer Income Tax Assistance</i> ) | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Other ( <i>Please specify</i> ) _____ |  |   |

**How did you find out about the program?**

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Contacted by telephone by IRS         | <input type="checkbox"/> Received a letter from IRS    | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Referral from other source            | <input type="checkbox"/> Personal visit/contact by IRS |                                   |
| <input type="checkbox"/> Other ( <i>Please specify</i> ) _____ |  |                                   |

**Mail or Fax completed form to address on instruction page.**

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## Instructions for Form 10574

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### **Purpose**

Form 10574 is used to collect information on the various outlets that may want to participate in the Community Based Outlet Program or that require additional information concerning the program parameters or services provided. This form is voluntary.

### **Section 1, Type of Outlet**

Check the box that most closely describes the type of entity. If a Government Agency, also check the circle identifying as Federal, State or Local agency. If none of the options describes the outlet, check the "other" box and describe in the space provided.

### **Section 2, Contact Information**

Fill in requested information. Please print or type. Provide the complete street mailing address. Provide the name, telephone number and e-mail address of the current contact person. We will call the contact person if there are any questions regarding the account information and/or if they have requested additional information.

### **Section 3, Information on Needs, Interests**

Check the appropriate boxes and/or provide additional information if the "other" box is selected. If information on programs or subjects is not listed, use the "other" check box and specify the subject needing more information.

### **Mail or Fax completed form to:**

**Community Based Outlet Program  
Internal Revenue Service  
P.O. Box 2965  
Rancho Cordova, CA 95741-2965**

**Fax: (916) 636-7772  
Customer Service: 1-916-636-7705**

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### **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.

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