Section 1 - Type of Contact Date __ Please check appropriate box. Corporation (K) Credit Union (U) Grocery Store (F) Government Agency (V) Federal () State () Local Newspaper (N) Post Office (P) Library (L) Copy Centers (Q) Other Section 2 - Contact Information Please print. ______ Suite/Apt. No. _____ Address -______ State _____ ZIP_____ Phone Number (_____) _____ Ext. _____ Email address ___ Section 3 - Information on Needs Your special needs or interests are ...? Federal Tax Products in Bulk (Libraries & Post Offices only) EITC (Earned Income Tax Credit) CD-ROM Small Business/Self Employed Information Reproducible Products Other (Please specify) Would you like more information about ...? Electronic Filing (e-file) VITA (Volunteer Income Tax Assistance) **Small Business** Other (Please specify) How did you find out about the program? Contacted by telephone by IRS Received a letter from IRS Web Site Referral from other source Personal visit/contact by IRS Other (Please specify) Mail or Fax completed form to address on instruction page.

Instructions for Form 10574

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

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.