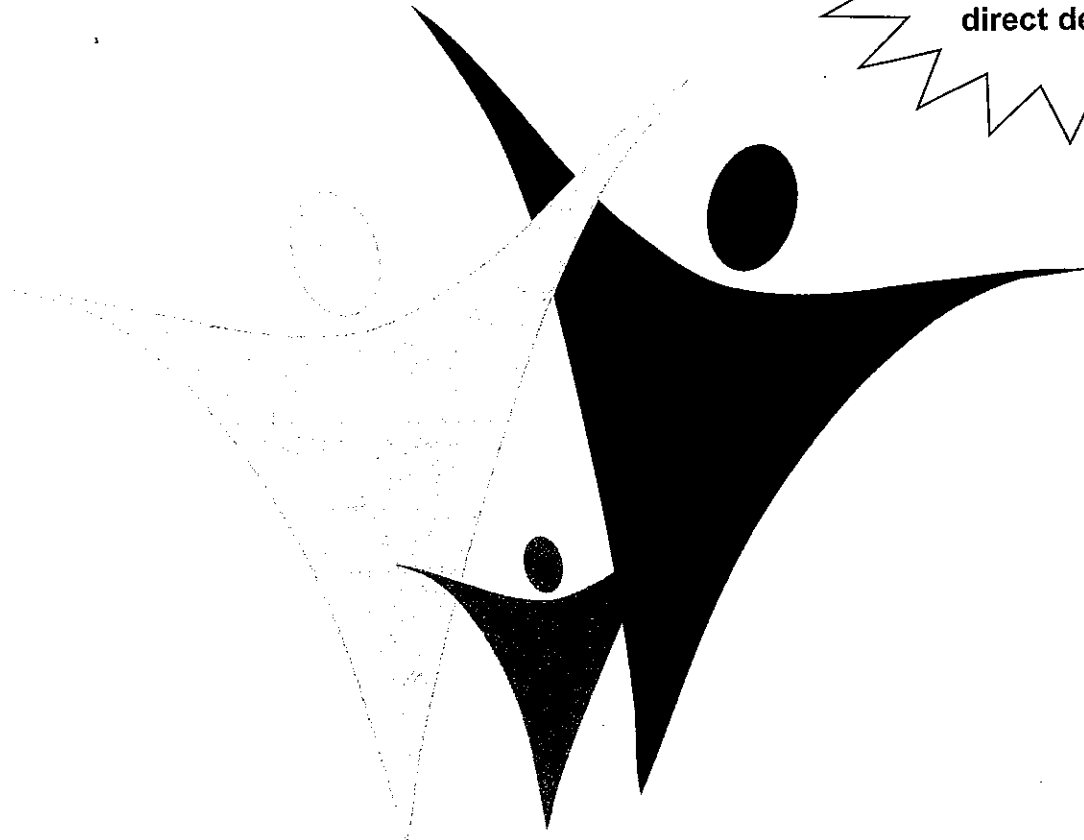


APPLICATION

SAN FRANCISCO WORKING FAMILIES CREDIT

NEW THIS YEAR!
Get more money from
the City when you use
direct deposit!



Working Families Credit

City & County of San Francisco

Complete and return this form or take it to your tax preparer when you file your taxes.
To download more applications, visit: www.workingfamiliescredit.org

TAX YEAR 2009

Due April 15, 2010

PACKET INCLUDES: Program Information & Locations • Application/4506T-EZ Form • Survey

Short Form Request for Individual Tax Return Transcript

▶ Request may not be processed if the form is incomplete or illegible.

Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name City & County of San Francisco - HSA, Working Families Credit Program	Telephone number 415-557-6284
Address (including apt., room, or suite no.), city, state, and ZIP code P.O. Box 7988, San Francisco, CA 94120	

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

<u>2009</u>	<u>XXXX</u>	<u>XXXX</u>	<u>XXXX</u>
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Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	



APPLICATION FOR SAN FRANCISCO WORKING FAMILIES CREDIT

AM I ELIGIBLE? *Final eligibility will be determined by the City and County of San Francisco, with information provided by the Internal Revenue Service.

Complete this checklist to determine your eligibility for the credit.

- 1. I am claiming the federal Earned Income Tax Credit
2. I claimed at least one qualifying dependent child on my federal tax filing who is either: A) under age 19; B) under age 24 and a full-time student; or C) permanently and totally disabled
3. I am a current San Francisco resident and I was a San Francisco resident at the time of my federal tax filing

If you answered YES to all statements, complete this form and form 4506T-EZ on page 2.

If you answered NO to any statement, STOP. You cannot apply for the credit.

LAST NAME: (PLEASE print in CAPITAL letters)

Grid for last name input

FIRST NAME: (PLEASE print in CAPITAL letters)

Grid for first name input

MI

MI input box

SOCIAL SECURITY NUMBER:

Grid for social security number input

SPOUSE'S LAST NAME: (If filing taxes jointly)

Grid for spouse's last name input

SPOUSE'S FIRST NAME:

Grid for spouse's first name input

SPOUSE'S SOCIAL SECURITY NUMBER:

Grid for spouse's social security number input

PHONE NUMBER: (Optional)

Grid for phone number input

ADDRESS:

Grid for address input

CITY:

Grid for city input

STATE:

Grid for state input

ZIP:

Grid for zip input

DATE OF BIRTH (MM / DD / YYYY):

Grid for date of birth input

E-MAIL ADDRESS:

You may receive your credit in the form of a check or by direct deposit. We encourage you to use direct deposit. To receive the maximum credit amount of \$125 you must use direct deposit. If you ask for a paper check, you will only receive \$50.

- I would like to receive a \$50 check.
I would like to receive \$125 direct deposited to my bank account.
Please mark the type of account being used:
Checking account (You must attach a voided check from the account listed below.)
Savings account

Bank Routing Number:

Grid for bank routing number input

Account Number:

Grid for account number input

- Check here if you do not wish to receive information about other programs that help working families (e.g. Medi-Cal, Healthy Families, Food Stamps)
Check here if you do not wish to be contacted to help evaluate the success of this program.

Certification

- To the best of my knowledge the information provided on this application is true and correct. I understand that the City and County of San Francisco will verify the information using my tax transcript from the Internal Revenue Service.
I know that Working Families Credit benefits may be denied if any information on this application is found to be untrue or is left off the application.
I understand that receipt of the credit is subject to availability of funds.

Applicant's Signature and Date fields



APPLICATION SURVEY

- This survey is optional, which means you are not required to fill it out in order to receive the credit.
- The information you provide will help the City to serve you better.
- Your answers will not affect your eligibility for the credit.

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Last Name

--	--	--	--	--	--	--	--	--	--	--	--

First Name

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Last six digits of your Social Security Number

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Zip Code

1. **How did you hear about the Working Families Credit? (check all that apply)**

<input type="checkbox"/> Friend or family member	<input type="checkbox"/> Child's School	<input type="checkbox"/> Claimed last year	<input type="checkbox"/> TV	<input type="checkbox"/> Newspaper
<input type="checkbox"/> At tax preparation office	<input type="checkbox"/> Workplace or job	<input type="checkbox"/> Billboard or MUNI	<input type="checkbox"/> Radio	<input type="checkbox"/> Flyer or poster
2. **How did you have your federal taxes prepared this year? (check one)**

<input type="checkbox"/> Went to H&R Block, Jackson Hewitt, or Liberty Tax	<input type="checkbox"/> Went to another paid/commercial tax preparation service
<input type="checkbox"/> Went to a free tax preparation site or to the IRS	<input type="checkbox"/> Did my own taxes or friend/family did them for me for free
3. **Did you file a tax return last year? (check one)**

<input type="checkbox"/> Yes, I filed taxes last year	<input type="checkbox"/> No, I did not file taxes last year
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4. **How many adults are in your family including yourself? (check one)**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 or more
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5. **How many children under the age of 21 currently live with you? (check one)**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 or more
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6. **What best describes your household's employment situation? (check all that apply)**

<input type="checkbox"/> I am working	<input type="checkbox"/> Other adult(s) in my household is working
<input type="checkbox"/> My spouse/partner is working	<input type="checkbox"/> One or more of my children in the household is working
7. **What was your household's average monthly income during the last 3 months? (check one)**

<input type="checkbox"/> Less than \$1,100	<input type="checkbox"/> \$1,100 – \$1,500	<input type="checkbox"/> \$1,501 – \$1,900	<input type="checkbox"/> \$1,901 – \$2,300
<input type="checkbox"/> \$2,301 – \$2,700	<input type="checkbox"/> \$2,701 – \$3,100	<input type="checkbox"/> \$3,101 – \$3,500	<input type="checkbox"/> \$3,501+
8. **Does anyone in your household not have health coverage? (check all that apply)**

<input type="checkbox"/> Yes, one or more adults does not have health coverage
<input type="checkbox"/> Yes, one or more children does not have health coverage
<input type="checkbox"/> No, everyone in my household has health coverage
9. **Please mark which of the following are true for you. (check all that apply)**

<input type="checkbox"/> I currently have a checking account	<input type="checkbox"/> I currently have a credit card
<input type="checkbox"/> I currently have an ATM/debit card	<input type="checkbox"/> In the last year, I used a check casher at least once
<input type="checkbox"/> I currently use direct deposit	<input type="checkbox"/> In the last year, I took out a payday loan at least once
<input type="checkbox"/> I currently have a savings account	
10. **How much savings do you have? (include savings in bank accounts, cash, or investments) (check one)**

<input type="checkbox"/> Less than \$1,000	<input type="checkbox"/> \$1,001 – \$2,000	<input type="checkbox"/> \$2,001 – \$3,000	<input type="checkbox"/> \$3,001 +
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11. **What is your ethnicity? (check one)**

<input type="checkbox"/> African-American	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Other: _____
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12. **What is your primary or preferred language? (check one)**

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Russian	<input type="checkbox"/> Other: _____
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13. **What is the highest level of education you have completed? (check one)**

<input type="checkbox"/> Less than High School diploma	<input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> Some college
<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Bachelor Degree	<input type="checkbox"/> Graduate Degree
14. **Do you drive a car to work? (check one)**

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Not applicable (I do not have a job right now.)

off



WHAT IS THE WORKING FAMILIES CREDIT?

The Working Families Credit is a commitment by the City of San Francisco to help low-income families keep more of what they earn. Eligible families that use direct deposit and attach a voided check to this application can receive a Credit up to \$125 from the City in addition to their federal Earned Income Tax Credit (EITC) payment, subject to available funds. Eligible families that ask for a paper check will only receive a Credit for \$50 in addition to their federal EITC payment. This credit will not count as income for determining eligibility for most public benefit programs.

This year it really pays to have a bank account and use direct deposit!

INSTRUCTIONS

Step 1: Check if you are eligible

You are eligible if you meet **all five** of the criteria below:

1. You earned less than \$48,300 in 2009.
2. You claim and qualify for the federal Earned Income Tax Credit.
3. You are claiming at least one qualifying dependent child on your federal tax filing who is either: A) under age 19; B) under age 24 and a full-time student; or C) permanently and totally disabled.
4. You live in San Francisco.
5. You have filed taxes by the April 15th deadline.

Step 2: Complete the application

Complete the application on pages 2 and 3. **You must complete and sign both pages.**

You can complete the application yourself or have a tax preparer complete it for you. For help completing the application call 1-800-358-8832 or 2-1-1, or see the list of tax preparation sites on page 6.

Step 3: For direct deposit to a checking account, you must attach a voided check to your application.

Step 4: Submit by April 15th, 2010

Send your completed application and optional survey to:

**City and County of San Francisco - HSA
WFC Program
PO Box 7988
San Francisco, CA 94120**

or deliver to HSA, 170 Otis Street, reception desk (first floor), or any free tax preparation site in San Francisco.

Applications must be postmarked or delivered by April 15th, 2010. Do not attach your tax documents to the application. Please mail or drop off your application within 2 weeks of signing your application.

Step 5: Receive your Working Families Credit in October

If your application is successful, you will receive your Working Families Credit in October 2010, subject to availability of funds.



You can complete this application yourself or with the help of your tax preparer.

Completed applications may be mailed per the instructions or dropped off at:

- **San Francisco Human Services Agency, 170 Otis Street, reception desk (first floor)**
- **Free Tax Preparation Sites in San Francisco**

FREE* TAX PREPARATION SITES IN SAN FRANCISCO

FOR HOURS OF OPERATION, CALL: 1-800-358-8832 OR 2-1-1 *For families with income of less than \$52,000

THE MISSION

Arriba Juntos
1850 Mission Street

Bayanihan Community Center
1010 Mission Street, Suite B

Boys & Girls Club of SF, Columbia Park Unit
450 Guerrero Street @ 17th Street

Career Link - One Stop Center
3120 Mission Street @ Cesar Chavez Street

City College of San Francisco - Mission Campus
1125 Valencia Street

Employment Information Center (EIC)
170 Otis Street @ Mission St & 13th St

Homeless Prenatal
2500 18th Street @ Potrero

Mission Economic Development Agency (MEDA)
3505 20th Street

St. Peter's Parish School
1249 Alabama Street @ 24th St (Saint Peter's Parish School)

The Women's Building
3543 18th Street @ Valencia St

BAYVIEW HUNTERS POINT

Bayview Hunters Point - Wells Fargo
3801 3rd Street, Suite 116

Bayview Hunters Point YMCA
1601 Lane Street

Career Link - Southeast / Southeast Community Facility / City College of San Francisco - Southeast Campus
1800 Oakdale Avenue

Thurgood Marshall High School
45 Conkling Street

CHINATOWN

Chinese American Citizens ALNC
1044 Stockton Street

Chinese Newcomers Service Center
777 Stockton Street, #108 @ Sacramento St

Northeast Community Federal Credit Union
1042 Grant Avenue, 6th floor @ Jackson St

Salvation Army Chinatown Corps
1450 Powell Street @ Broadway St

Wu Yee, Yoy Lok Family Resource Center
888 Clay Street, Lower Level

EXCELSIOR

City College of San Francisco - Ocean Campus
50 Phelan Avenue

OMI/Excelsior Beacon Center
241 Oneida Avenue, James Denman Middle School (Entrance located at rear of school parking lot, on Seneca Ave @ San Jose Ave)

VISITACION VALLEY

Asian Pacific American Community Center
2442 Bayshore Boulevard

Bethel Grace Lutheran Ministries
465 Woolsey Street

Burton High School
400 Mansell Street @ Somerset St, Room 228

Visitacion Valley Community Center
66 Raymond Avenue @ Bayshore Blvd

FINANCIAL DISTRICT

Juma Ventures
131 Steuart Street, Ste 201

FISHERMAN'S WHARF

Aquatic Park Senior Center
890 Beach Street

RICHMOND

George Washington High School
600 32nd Ave

Northeast Community Federal Credit Union (Agape Community Center)
378 18th Avenue @ Geary Boulevard

Richmond Recreation Center
251 18th Avenue

SOMA

Food Stamps & County Adult Assistance Programs
1235 Mission Street @ 8th St

SF AIDS Foundation
One Sixth Street @ Market St

STONESTOWN

Stonestown YMCA
3150 20th Avenue

SUNSET

San Francisco State University
1600 Holloway Avenue @ Room T-J, T-H

Sunset Neighborhood Beacon Center
3925 Noriega Street @ 46th Ave

19th Street Baptist Church
1398 19th Avenue

TENDERLOIN

Federal Building
450 Golden Gate, 1st Floor lobby

Glide Memorial Church
330 Ellis Street @ Taylor St

Goodwill
1500 Mission Street

Northeast Community Federal Credit Union
288 Jones Street @ Eddy St

St. Mary's Senior Services
450 Stanyan Street

Tenderloin Community School
627 Turk Street @ Van Ness Ave

UC Hastings College of the Law
198 McAllister Street, 1st Floor @ Hyde St

TREASURE ISLAND

T.I.H.D.I.
Treasure Island, Ship Shape Building, 497 Ave I

WESTERN ADDITION

Buchanan YMCA - Tax-Aid
1530 Buchanan Street

Rubicon Programs SF
1449 Webster Street