If you are interested in joining the EITC Customer Service focus group to be held in your area, please fill in the information below and return it in the postage paid envelope provided. Remember, group size is limited, and you will be paid for your participation, so please return this form right away.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Write the phone number (*including area code*) you want us to call and the three best hours of day to call you *(fill in the time and tell us if it is am or pm)*.**   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Phone Number** |  |  |  |  | |  |  |  | |  |  |  | |  |  | | | | | | | | | | | | | **Best Time Period to Call You** (am/pm) | am/pm | | | | am/pm | | | | am/pm | | | | |  |  | | | |  | | | |  | | | | |

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| --- | --- |
| **Control Number** | <<Control Number>> |
| **Name** | <<Name>> |
| **Address** | <<Street Address>> |
| **City** | <<City>> |
| **State** | <<State>> |
| **ZIP Code** | <<Zip Code>> |

If the information listed above (name and address) is not correct, cross it out and print the correct information in the space below. *We will call everyone who returns this form.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **City** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **State** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **ZIP Code** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |