



KEWEENAW BAY INDIAN COMMUNITY

Senior Tax Reimbursement Program

Printed Name: _____

Address: _____

Enrollment No.: _____

Date of Birth: ____ / ____ / ____

I am requesting reimbursement for my 2020 tax preparation.

2020 Tax Prep

Home Heating Credit

Who prepared your taxes? _____

Amount of Request: _____

Signature: _____ Date: _____

Please allow 12-15 business days for reimbursement to be processed.