

Name of tax preparer: _____

Federal law requires this consent form to be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use or disclose your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. Because our ability to disclose your tax return information to another institution affects the service(s) that we provide to you and its (their) cost, we may decline to provide you with the tax return preparation services or change the terms (including the cost) of the tax return preparation services that we provide to you. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

For your convenience, we have entered into agreements with a bank to provide qualifying taxpayers with the opportunity to apply for a (bank product) Refund Transfer (RT) and/or Loan via Electronic Refund Check or Electronic Refund Deposit. In order to provide you with the opportunity to apply for one of these Products or Services, we must disclose all of your tax return information to our partnered financial institution.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to disclose to financial institution we partnered with all your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to use the information you provided to us during the preparation of your tax return to determine whether to present you with the opportunity to apply for a bank product (described above) and services.

Name of Taxpayer _____

Taxpayer Signature _____ Date _____

Name of joint Taxpayer _____

Joint Taxpayer Signature _____ Date _____

Tax Intake Form

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TAXPAYER

Social Security Number: _____ - _____ - _____
First Name: _____ MI: _____ Last Name: _____
Date of Birth: _____ Date of Death: _____
Work Phone: _____ Cell/Other Phone: _____
Occupation: _____ Email: _____
Legally Blind? Yes _____ NO _____ Dependent of Other? Yes _____ NO _____

SPOUSE

Social Security Number: _____ - _____ - _____
First Name: _____ MI: _____ Last Name: _____
Date of Birth: _____ Date of Death: _____
Work Phone: _____ Cell/Other Phone: _____
Occupation: _____ Email: _____
Legally Blind? Yes _____ NO _____ Dependent of Other? Yes _____ NO _____

FILING STATUS

Single: _____
Married Filing Joint: _____
Married Filing Separately: _____
Head of Household: _____
Qualifying Widower: _____

ADDRESS

Street & Apt. No. _____
City: _____
State: _____ Zip: _____
County: _____

HOW DO YOU WANT YOUR REFUND? (Check one of the following)

- ☐ 7-14 days (RT Refund Transfer: Check)
 - ☐ In about 7-14 days from the date your return is accepted electronically by the IRS, you receive a check for the amount your refund less filing fees. (Check will be available in our office)
- ☐ 7-14 days (RT Refund Transfer: Debit Card)
 - ☐ In about 7-14 days from the date your refund is accepted electronically by the IRS, for the amount your refund less filing fees will be deposited onto the debit card we issue you.
- ☐ 7-14 days (RT Refund Transfer: Direct Deposit)
 - ☐ In about 7-14 days from the date your refund is accepted electronically by the IRS, for the amount your refund less filing fees will be deposited into your bank account.

CASH ADVANCE OPTION (Check one of the following)

*The loan offered based on your expected tax refund. Some loans are interest bearing loan, and will have an annual APR. Please confirm the interest rates with your preparer.

- ☐ Apply for Cash Advance (RT Refund Transfer)
 - ☐ YES
 - ☐ NO

THE FOLLOWING REQUIRES UPFRONT PAYMENT

- ☐ E-file: Direct Deposit
 - Your refund will be deposited into your savings or checking account directly from IRS approximately 10-14 days after your return is accepted by IRS.
- ☐ 3-4 Weeks (E-file: Check)
 - Your refund will be mailed to you directly from IRS in approximately 3-4- weeks after your return is accepted electronically by the IRS.

Signature: _____ Date: _____

*All times are estimated because the IRS no longer publishes the refund cycle chart. If you claim the EITC Or AOTC on your tax return, the IRS cannot issue your refund before mid-February.

Dependents Details

Taxpayer SSN: _____ - _____ - _____

Taxpayer Name: _____

DEPENDENTS

First, Middle initial, Last Name D.O.B Social Security Number Relationship

<u>First, Middle initial, Last Name</u>	<u>D.O.B</u>	<u>Social Security Number</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DAYCARE INFORMATION

Name of Dependent(s): _____

Daycare or Provider Name: _____

FEIN (or social of caregiver): _____ - _____ - _____

Total amount paid \$ _____

SINGLE PARENT WITH DEPENDENTS

Does the other parent(s) live in the home _____

Why isn't other parent claiming dependent(s)? _____

Did dependent(s) live with you more than 6 months of the year? **Y / N**

Do you have: Court documentation of custody? **Y / N**

Did you receive any government assistance? **Y / N** If Yes, How Much? \$ _____

Can anyone else claim this dependent? **Y / N**

NON-STANDARD DEPENDENTS (Grandchild, niece, nephew, stepchild, foster child, etc.):

Why aren't parents claiming dependent(s)? _____

How long has dependent(s) lived with you? _____

Did parent pay more than 1/2 of the support for dependent(s)? **Y / N**

Do you have: Court documentation of custody? **Y / N**

Document proving relationship to child? **Y / N**

Can anyone else claim this dependent? **Y / N**

ADULT DEPENDENTS

Your relationship to dependent(s)? _____

Where do they live? _____

Is dependent disabled? **Y / N**

Did you pay more than 1/2 of the support for dependent(s)? **Y / N**

Why are they not filing their own return? _____

Can anyone else claim this dependent? **Y / N**

ADDITIONAL NOTES

Client Signature _____ Date: _____

By signing above, I hereby certify the information given above is true and accurate to the best of my knowledge and can provide proof upon request.

Due Diligence Questionnaire-1

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How many people live with you? _____ How many: Adults _____ Children _____
List Relationship: _____

Does anyone above make more than you? **Y / N**

If yes, how much? _____ Are expenses shared? (groceries, rent, insurance, etc.) **Y / N**

Can the taxpayer, spouse or depended(s) be claimed as qualifying child on any other tax return? **Y / N**

If yes, who? _____

Did anyone help support you during the year? **Y / N**

If yes, who? _____ How much? \$ _____

In the case of audit can you prove financial responsibility and residency for all of the Dependents being claimed?
Which document(s) can you provide? (i.e., copy of lease, medical records, school records, food stamps or benefit statements)

Are any of the dependents being claimed NOT your son or Daughter? **Y / N**

If yes, why are the parents not claiming the child? (Please explain and list the child's name(s) if more than one listed on the return)

Were any of the credits disallowed or reduced in a previous year? **Y / N**

If yes, please explain

Did you have any other income during the year (Child support, alimony)? **Y / N**

If yes, please specify.

Other comments:

Client Signature _____ Date: _____

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Due Diligence Questionnaire-2

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Taxpayer SSN: _____ - _____ - _____

Taxpayer Name: _____

IF INCOME IS LESS THAN \$15,000 (answer questions below)

How are you paying for rent, utilities, food, etc.?

Are you getting assistance? **Y / N** If Yes, From Who? _____ & How Much? \$ _____

Does anyone give you funds to live on? **Y / N** If Yes, From Who? _____ & How Much? \$ _____

COLLEGE QUESTIONS

Did you or anyone on this tax return receive a 1098-T? **Y / N** If yes, answer questions below.

Were they a full-time student? **Y / N**

Have you been in college more than 4 years? **Y / N**

Did you receive scholarship or grant? **Y / N**

ADDITIONAL NOTES

For Office use only – Compliance check list

Please make sure to collect, scan and upload all the listed item below to software.

- **Client Intake Form** (Please upload ALL the forms provided in the booklet)
- **Tax Client Photo ID** (Readable) (For every taxpayer listed on tax return)
- **Copy of Social Security Cards**
- **Copy of Income** (W-2, 1099, Crypto income and all the other income documentation provided)
- **Copy of any supporting documents pertaining to tax return** (Any documents the taxpayer gives you scan and upload them)

Tax Preparer Name: _____ Date: _____

Schedule - C - Form

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Fill out COMPLETLEY or mark "N/A". DO NOT leave blank. Use a separate worksheet for EACH SCH - C

****Please Note:** If possible, it is preferred a bank statements, P&L and balance sheet be provided by the client. If available, write "see next page" below and attach it under this page. If NOT AVAILABLE, please use the input sheet below. You may be required to provide proof of all income & expenses claimed below.

Business Info: (Required for all)

Taxpayer: _____ or Spouse: _____

Name of Business (If any): _____

Address of Business: _____

Business EIN (If any): _____ - _____

Date Business Started: _____

Did you materially participate in the business? YES: _____

Income Questions: (Required if no P&L or Trial Balance Available)

Total Sales: \$ _____

Other Income: \$ _____

General Expenses: (Required if no P&L or Trial Balance Available)

Advertising:	\$ _____	Repair & Maintenance:	\$ _____
Auto Expense:	\$ _____	Supplies:	\$ _____
Commissions:	\$ _____	Taxes & Licenses:	\$ _____
Contract Labor	\$ _____	Travel:	\$ _____
Depletion	\$ _____	Meals (Total):	\$ _____
Employee Benefit Program:	\$ _____	Utilities:	\$ _____
Insurance (other than health)	\$ _____	other:	\$ _____
Interest:	\$ _____		\$ _____
a) Mortgage:	\$ _____		\$ _____
b) Other:	\$ _____		\$ _____
Legal & Professional:	\$ _____		\$ _____
Office Expense:	\$ _____		\$ _____
Pension & Profit Sharing:	\$ _____		\$ _____
Rent or Lease:	\$ _____		\$ _____
a) Vehicles:	\$ _____		\$ _____
b) Machinery:	\$ _____		\$ _____
c) Other:	\$ _____		\$ _____

Total Expenses: \$ _____

Total Income – Total Expenses = \$ _____ Net Income

Client Signature: _____ Date: _____

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Schedule - C - Questionnaire

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YOU STATED YOU OWN YOUR OWN BUSINESS...

Did you start your business this year? **Y / N** If No, When? ____ / ____ / ____

What kind of business do you own? _____

ADDITIONAL QUESTIONS

Where do you perform services offered? _____

Was the work performed in your home? **Y / N** If yes, how much area is used just for business? _____

If in your home: do you have designated work area that no one else uses? **Y / N**

Do you rent space, or own it? _____

If you rent space outside of your home, how do you pay for that space? _____

How many hours a day/week did you provide service? _____

Do you have anyone working for you? **Y / N** If yes, how do you pay them? _____ (Cash, check, W2, 1099)

How do you get paid for your services? _____

Do you have return record of income and expenses? **Y / N**

Could you provide the IRS records on a day's notice? **Y / N** If no, why not? _____

Do you need licenses, insurance, classes, or certification to run your business? **Y / N**

Do you pay for advertising or marketing? **Y / N**

Do you drive for your business, other than from your home to your office? **Y / N** How many miles per day? _____

DO YOU HAVE:

Do you have last year's return? **Y / N**

Do you have proof of the clients you handle? **Y / N**

Do you have records including date and amount paid by your clients. **Y / N**

Do you have receipts for your expenses? **Y / N**

IF NO WRITTEN RECORDS OF YOUR INCOME AND EXPENSES...

Do you keep track of your clients on calendar, in your phone or via email? **Y / N**

Do you know who you bought your supplies/tools/materials from? **Y / N**

Would they be able to give you copies of their records (what you bought, when and for how much)? **Y / N**

Client Signature: _____ Date: _____

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Schedule - A - Information

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MEDICAL EXPENSES

(Current Year)

Medical & Dental Expenses \$ _____
Medical Insurance Premiums Paid (Other than Social Security Medicare Payments) \$ _____
Long Term care Premiums \$ _____
Prescription Drugs & Medications \$ _____
Medical Miles Driven: January 1 to June 30: _____ July 1 to December 31: _____

TAX EXPENSES

(Current Year)

State & Local Income Taxes Paid (Other than those on W-2's, 1099's, etc.) \$ _____
Prior year Income Taxes paid in current year \$ _____
Real Estate Taxes \$ _____
Personal Property Taxes \$ _____
Other taxes: _____ \$ _____
_____ \$ _____
Qualified New Vehicle Taxes \$ _____
Additional State/ Local Taxes \$ _____

INTEREST EXPENSE

(Current Year)

Home Mortgage Interest reported on Form 1098 \$ _____
Home Mortgage Interest paid to others \$ _____
Refinancing Points Paid in 2017 \$ _____
Investment Interest (other than K-1) \$ _____

CONTRIBUTIONS

(Current Year)

Cash Contributions (If over \$500 please provide detailed list) \$ _____
Non Cash Contributions (If over \$500 please provide detailed list) \$ _____
Volunteer Mileage Driven _____

Miscellaneous

(Current Year)

Unreimbursed Business Expenses \$ _____
Union Dues \$ _____
Tax Prep Fees (Paid for Previous Return) \$ _____
Safe Deposit Rental \$ _____
Investment Expenses (Other than K-1) \$ _____
Gambling Losses (Due to extent of winnings) \$ _____
Other Expenses: _____ \$ _____
_____ \$ _____

CASUALTY & THEFT LOSSES

If you had any casualty or theft losses during the year, please provide detail below, including date, description, amount of casualty or loss, any insurance reimbursement & basis in the property.

Client Signature _____ Date: _____

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