

CUSTOMER DATA ENTRY



7867 S. Western Ave
Los Angeles , California
United States
Phone: (323) 752-1040
www.community1sttaxes.com

Filing Status:

Single Married - Filing Jointly Married - Filing Separately Head of Household Qualifying Widower

Taxpayer

SSN
First Name Middle Init.
Last Name Suffix
Date of Birth
Occupation
Cell Phone
Email

Spouse

SSN
First Name Middle Init.
Last Name Suffix
Date of Birth
Occupation
Cell Phone
Email

Are you:

A dependant of another ? Yes No
Blind? Yes No
Active - Duty Military Yes No

Are you:

A dependant of another ? Yes No
Blind? Yes No
Active - Duty Military Yes No

Would you like to donate \$3 to the presidential election fund ?

Note: Selecting "Yes" will not affect the outcome of your refund

Yes No

Would you like to donate \$3 to the presidential election fund ?

Note: Selecting "Yes" will not affect the outcome of your refund

Yes No

Address Apt #
City State Zip Code

Are you: Male Female Ethnicity: African American Caucasian Hispanic Other

Where did you file your taxes last year? Community 1st H&R Block Jackson Hewitt Liberty Tax

How did you hear about us? Mailer Social Media Radio Referral Coupon TV

CUSTOMER DATA ENTRY



Dependents

First Name / Last Name	<input type="text"/>	Initial	<input type="text"/>	SSN	<input type="text"/>	Relationship	<input type="text"/>	Months in Home	<input type="text"/>	D.O.B	<input type="text"/>	Disabled	<input type="text"/>
First Name / Last Name	<input type="text"/>	Initial	<input type="text"/>	SSN	<input type="text"/>	Relationship	<input type="text"/>	Months in Home	<input type="text"/>	D.O.B	<input type="text"/>	Disabled	<input type="text"/>
First Name / Last Name	<input type="text"/>	Initial	<input type="text"/>	SSN	<input type="text"/>	Relationship	<input type="text"/>	Months in Home	<input type="text"/>	D.O.B	<input type="text"/>	Disabled	<input type="text"/>
First Name / Last Name	<input type="text"/>	Initial	<input type="text"/>	SSN	<input type="text"/>	Relationship	<input type="text"/>	Months in Home	<input type="text"/>	D.O.B	<input type="text"/>	Disabled	<input type="text"/>

Check this box if another person could qualify to claim your child as a dependent or receive EIC for that child. Describe below

Qualifying Child Care Expenses Incurred and Paid

Education Expenses Paid

Please answer the following questions to the best of your knowledge:

Do you own a home? Yes No

Did you pay any childcare expenses? Yes No

Did you have any children in college? Yes No

Are you self-employed? Yes No

Do you owe any delinquent: Yes No

Child Support Yes No

Alimony Yes No

Student Loans Yes No

Back Taxes Yes No

When do you want your refund (Check One)

There are no out of pocket fees with these products. All fees are deducted from the refund amount.

10-14 days (RT - Refund Transfer)

In about 10-14 days from the date your return is accepted electronically by the IRS. You may choose a debit Mastercard or check for the amount of your refund (up to \$9,999) less filing charges.

The following products require fees paid at the time of service .

Direct Deposit

Your refund will be deposited into your checking or savings account approximately 10-14 days after your return is accepted electronically by the IRS. (We will provide the estimated date)

3-4 Weeks (E-File)

Your refund will be mailed to you approximately 3-4 weeks after your return is accepted electronically by the IRS>

Mail a paper return

Your refund will be mailed to you approximately 6-8 weeks after your return is accepted electronically by the IRS.

Signature Field