



Client Data Sheet

We must see a Photo ID

Primary Name (as shown on SS Card):				Spouse Name (as shown on SS Card):			
Last 4 of SSN: XXX-XX-		Date of Birth (MM/DD/YYYY):		Last 4 of SSN: XXX-XX-		Date of Birth (MM/DD/YYYY):	
Drivers License #	State	Issue Date	Expire Date	Drivers License #	State	Issue Date	Expire Date
Email Address:				Email Address:			
Occupation:				Occupation:			
Are you a dependent of another taxpayer?:				Are you a dependent of another taxpayer?:			
Address:			City:	State:		Zip Code:	
Marital Status:	If married, live together(Yes/No)?		State of Residence:	Phone (Day):		Phone (Evening):	
Dependent Name (First, M.I., Last) as shown on SS Card		Date of Birth MM/DD/YYYY	Social Security Number	Relationship Son-S Daughter=D Grandchild-G Other=O(Specify) None=N Foster Child-F	If S, D, G or F Where Do parents live?	Months lived in your home?	Can anyone else claim this child for Earned Income Tax Credit (EITC)?
1.							
2.							
3.							
4.							

Please check all the following Income & Expenses that you have this year:

- | | | |
|---|---|--|
| ☐ W-2 Wages/# of W-2s | ☐ Railroad Retirement | ☐ Medical Insurance and Expenses |
| ☐ 1099 NEC (nonemployee compensation) | ☐ Rental Income | ☐ Taxes: Real Estate/Personal Property |
| ☐ 1099 K | ☐ Installment Sales | ☐ Unreimbursed Employee Expenses (State Itemizing Only) |
| ☐ 1099-INT (Interest Income) | ☐ Like-Kind Exchange | ☐ Foreign Taxes Paid |
| ☐ 1099-DIV (Dividend Income) | ☐ Alimony Paid | ☐ Home Mortgage Interest |
| ☐ 1099-R (IRA, 401K, or Retirement) | ☐ Other Income | ☐ Disaster Loss |
| ☐ SSA 1099 (Social Security) | ☐ Alimony Received | ☐ Charitable Contributions |
| ☐ 1099-G (State Refund/Unemployment) | ☐ Student Loan Interest Paid | ☐ Estimated Tax Payments |
| ☐ 1099-MISC (Miscellaneous Income) | ☐ IRA Contribution | ☐ Injured Spouse, If so which spouse owes the debt: |
| ☐ 1099-B (Sales of Stock or Bonds) | ☐ Education Expenses/1098-T | |
| ☐ Sale of Home or Business | ☐ Day Care Expenses | |
| ☐ Schedule K-1 (S-Corp, Partnership, Estate) | | |

Did you purchase health insurance through your state Marketplace? (circle one) Yes / No
If yes, do you have your Form **1095-A**? (circle one) Yes / No

All bank products are subject to Republic Bank Tax Refund Solutions, and/or MetaBank fees and approval.

*Rapido Refunds cannot promise or guarantee that you will receive a bank product on your refund because it is subject to Bank&IRS Regulations, Rapido Refunds Tax Service is only a facilitator.

I certify that all the information provided is **true and accurate to the best** of my knowledge.

Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Revised October 14, 2019