A close-up of a logo

Description automatically generated

Form Checklist

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Year Filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Items Needed** | **Collected** |
| Valid ID/DL |  |
| SSN Card(s) |  |
| W2(s) |  |
| 1099-Misc |  |
| 1099-G |  |
| SSA-1099 |  |
| Healthcare Form |  |
| 1098-T Students |  |
| Childcare Form |  |
| Last Year Return/AGI |  |

Client Data Sheet

|  |
| --- |
| Taxpayer’s Full Name: |
| Social Security Number: |
| Date of Birth: |
| Work Phone: |
| Email: |
| Occupation: |
| Address: |
| Driver’s License Number: State:  Issue Date: Expiration Date: |
| Spouse’s Full Name: |
| Social Security Number: |
| Date of Birth: |
| Work Phone: |
| Email: |
| Occupation: |
| Address: |
| Driver’s License Number: State: Issue Date: Expiration Date: |

Bank Information

|  |  |
| --- | --- |
| Bank Name: |  |
| Account Type: | Checking or Savings |
| Routing Number: |  |
| Account Number: |  |

Prior year Filing Status *(circle one)*

Single Head of Household Married Filing Jointly Married Filing Separate Qualifying Widow

Taxpayer Initials: \_\_\_\_\_\_\_

Will you claim any dependents? Yes\_\_\_\_ No\_\_\_\_

Dependent #1

|  |
| --- |
| Full Name: |
| Date of Birth: |
| Social Security Number (Please Provide Card): |
| Relationship to Taxpayer: |

Dependent #2

|  |
| --- |
| Full Name: |
| Date of Birth: |
| Social Security Number (Please Provide Card): |
| Relationship to Taxpayer: |

Dependent #3

|  |
| --- |
| Full Name: |
| Date of Birth: |
| Social Security Number (Please Provide Card): |
| Relationship to Taxpayer: |

Fast Cash Advance

Would you like to apply for a Cash Advance loan today?

Yes\_\_\_\_ No \_\_\_\_

\*\*\*This loan is not credit based. You will get approved or denied based on your refund amount. The minimum is $500.00 and max is $5,000 \*\*\* The first $2000 is FREE!

All information that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Taxpayer) have provided on this client data form is true and accurate to the best of my knowledge.

All information that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Spouse) have provided on this client data form is true and accurate to the best of my knowledge.

Taxpayer’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Preparer’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_