

## KD Business Solutions LLC Demographic Form

How did you hear about us: Radio TV Google Facebook

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

## Personal Information

Full Name: \_\_\_\_\_  
Last First M.I.Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_

SSN or Gov't ID: \_\_\_\_\_ Driver's License State &amp; #: \_\_\_\_\_

## You're filing status: (Circle One)

Single Married Filing Joint Married Filing Separate Head of Household Qualifying Widow/Widower

Taxpayer  
Employer: \_\_\_\_\_ Taxpayer Work Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Residence State (List the state you resided in \_\_\_\_\_): \_\_\_\_\_

Non-Residence State (List any states in which you had taxes withheld, but were not a resident): \_\_\_\_\_

In case your contact information changes; we can contact you regarding your refund.

Facebook: \_\_\_\_\_ Email: \_\_\_\_\_

Did you live at your above listed address 6 months or more? Yes / No

Did you file your taxes last year? Yes / No If so, did you receive a refund? Yes / No

How did you file your taxes last year, Self-Employment or W-2? \_\_\_\_\_

Can you get a copy of your prior years return if needed? Yes / No

Do you need to file FORM 8862 (stating that you were disallowed Yes / No

EIC previously)? Did you have health insurance in \_\_\_\_\_? Yes / No

Did your dependents have health insurance through your employer, state, or Obamacare? Yes / No  
If so, which dependents? Dep 1, Dep2, Dep 3, or ALL Deps

## Dependent Information

(If you have any dependents, list them in the area below. If you have more than four dependents, list the remainder on the reverse side. If any of your dependents did not live with you in \_\_\_\_\_, please notify your preparer.)

| First Name | Last Name | Birth Date | Social Security Number | Relationship To You |
|------------|-----------|------------|------------------------|---------------------|
| _____      | _____     | _____      | _____                  | _____               |
| _____      | _____     | _____      | _____                  | _____               |
| _____      | _____     | _____      | _____                  | _____               |
| _____      | _____     | _____      | _____                  | _____               |

Did all of your dependents stay with you at least 6 months?

Yes / No

Did you file these same dependents last year?

Yes / No

## Child Care Provider

(If you paid for child care for your dependent children, list the child care providers below with the amounts paid.)

|                 | Child Care Provider | Address | City/ State/ Zip |
|-----------------|---------------------|---------|------------------|
| 1 <sup>st</sup> | _____               | _____   | _____            |
| 2 <sup>nd</sup> | _____               | _____   | _____            |

|                 | Social Security # or FED ID Number | Amount Paid |
|-----------------|------------------------------------|-------------|
| 1 <sup>st</sup> | _____                              | _____       |
| 2 <sup>nd</sup> | _____                              | _____       |

How many jobs did you work this year? \_\_\_\_\_

Did you receive unemployment income?

Yes / No

Did you attend college, night school, internet schooling, or any post-secondary educational facility to gain a skill or degree?

Yes / No

Do you have a 1098-T form from your school?

Yes / No

Are you currently paying or owe student loans?

Yes / No

Do you own your home?

Yes / No

Do you owe for home buyers credits?

Yes / No

Did you pay church tithes and offerings?

Yes / No

Do you owe student loans?

Yes / No

Do you owe back child support?

Yes / No

Do you owe the IRS?

Yes / No

How would you like your IRS refund issues?

Check

Direct Deposit

## Banking Information

Routing Number \_\_\_\_\_ Accounting Number \_\_\_\_\_

I (print name) \_\_\_\_\_ hereby state that the foregoing information is true and correct to the best of my knowledge and recollection and holds no bearings upon the preparer or staff of \_\_\_\_\_.

X \_\_\_\_\_

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

## ALTERNATE ELIGIBILITY RECORD (Due Diligence)

In accordance with Internal Revenue Service (IRS) Bulletin 97-65 and Internal Revenue Code (IRC), this form serves as Alternate Eligibility Checklist, and may be used IN LIEU of other forms of Due Diligence, including form 8867. Maintain this form with your client files.

### HEAD OF HOUSEHOLD ELIGIBILITY

You may file Head of Household if you can answer **YES** to **ALL** the following questions. (See Publication 17, Chpt 2&3)

- ☐ Yes ☐ No      You are unmarried, or are considered unmarried on the last day of the year.
- ☐ Yes ☐ No      You paid more than half the cost of keeping up a home for the year.
- ☐ Yes ☐ No      A qualifying person (definition below) lived with you in the home for more than half the year (except temporary absences, such as school), and you can claim an exemption for him/her except as noted under Category 3 below.

A **qualifying person** requirements are: (See Table 2-1, Publication 17)

1. A qualifying relative such as parent, grandparent, brother, sister, stepbrother, stepsister, stepmother, stepfather, father-in-law, half-brother, half-sister, brother-in-law, sister-in-law, daughter-in-law, uncle, aunt, nephew, or niece who is related to you by blood and lived with you for the entire year.
2. Child, grandchild, stepchild, or adopted child.
3. Eligible foster child. (Note: For eligibility for dependent only a foster child is a child who is in your care, that you care for as your own child, and who lived with you the entire year. It does not matter how the child became a member of the household).

### EARNED INCOME CREDIT (EIC) ELIGIBILITY

You may claim the EIC if you can answer **YES** to **ALL 4** tests below. (See publication 17, Chapter 36)

#### 1. Relationship Test

- ☐ Yes ☐ No      Your child/ children is/are one of the following: a son, daughter, adopted child, stepchild, grandchild, or eligible foster child or is your brother, sister, stepbrother, stepsister (or the child or grandchild of your brother, sister, stepbrother, or stepsister), and you care for it/them as you would your own child.

#### 2. Age Test

- ☐ Yes ☐ No      Your child/children is/are under 19 years of age at the end of the year, or is under 24 years of age at the end of the year and is a full-time student, or was permanently and totally disabled at any time during the tax year, regardless of age.

#### 3. Residency Test

- ☐ Yes ☐ No      Your child/ children lived with you for more than half the year (or the whole year if an eligible foster child)
- ☐ Yes ☐ No      Your home is in the United States

#### 4. Qualifying Child of another Test

- ☐ Yes ☐ No      If your child/ children is/are the qualifying child/ children of another individual, you are the only person claiming the credit for that/ those child/children during the tax year. (Note: If the answer is NO, refer to the tiebreaker rule. You may still be able to take the credit.

### FOSTER CHILD ELIGIBILITY

The definition of a foster child has changed. For establishing eligibility for dependency, see above. For establishing eligibility for the Child Tax Credit and Earned Income Credit you must be able to answer **YES** to **ALL** the questions below.

- ☐ Yes ☐ No      You cared for the child/ children as you would your own child.
- ☐ Yes ☐ No      The child/ children lived with you for the entire year, except for temporary absences.
- ☐ Yes ☐ No      The child/ children was/ were placed in your care by a State, one of its subdivision, or placement agency.

*I attest and affirm that the information provided to complete this Eligibility Checklist is true and correct to the best of my knowledge. I understand the IRS may randomly question eligibility and that if my tax return is randomly selected for review, that my return, refund, direct deposit, or any combination thereof may be delayed or denied.*

Taxpayers Signature

SSN

Date

## Self-Employment Form

Client Name \_\_\_\_\_

Tax Year 2024

Sales/ Receipts \_\_\_\_\_

Professional Fees \_\_\_\_\_

Cost of Goods for Sale \_\_\_\_\_

Office Expenses  
\_\_\_\_\_

Advertising \_\_\_\_\_

Equipment Rent/ Lease \_\_\_\_\_

Auto Mileage or Cost \_\_\_\_\_

Property Rent \_\_\_\_\_

Commissions & Fees  
\_\_\_\_\_

General Repair's \_\_\_\_\_

Contacts Labor \_\_\_\_\_

Taxes/ Licenses \_\_\_\_\_

Employee Benefits \_\_\_\_\_

Travel \_\_\_\_\_

Insurance \_\_\_\_\_

Meals/ Entertainment \_\_\_\_\_

Mortgage Interest \_\_\_\_\_

Utilities \_\_\_\_\_

Other Interest \_\_\_\_\_

Wages \_\_\_\_\_

### Other Expenses

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### Real Estate & Equipment Purchased

| Description | Date  | Cost  |
|-------------|-------|-------|
| _____       | _____ | _____ |
| _____       | _____ | _____ |
| _____       | _____ | _____ |

Were you self-employed? Yes / No      Did you work a job & do anything to make extra money on the side? Yes / No

What type of work? \_\_\_\_\_

\*(Being self-employed means that you provides a service or trade selling goods or making money offering services to people who need them) Ex. Barber, Stylist, Cutting grass, Painter, Cleaner or Janitorial services, babysitting, entertainer, auto detail, promoting, party or event planner

Everything I am signing is true to the best of my knowledge.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

## UNFUNDED TAX PREPARATION PAYMENT PROGRAM ADDENDUM

This Unfunded Tax Preparation Payment Program Addendum (the "Addendum") is made by and between Pathward, National Association ("Bank") and the business owner(s) and electronic return originator who has opted into this Addendum ("ERO"). Each may be referred to herein as a "Party" or collectively as the "Parties."

### RECITALS

Bank is a processor of refund deductions and ERO has previously entered into an agreement with Bank (the "ERO Agreement") for the purpose of offering refund disbursement products to taxpayer customers of ERO (each a "Taxpayer") through Bank's electronic refund disbursement service (the "Electronic Refund Disbursement Service").

ERO represents that it will earn entitlement to tax preparation fees and any additional fees paid by Taxpayers for work and/or services actually completed for qualifying Taxpayers (herein "Fees"), and requests to participate in the Unfunded Tax Preparation Payment Program (the "Program") offered through Bank upon the terms and conditions set forth herein.

Both Parties are entering into this Addendum for the purpose of supplementing the ERO Agreement in the particulars set forth below.

### AGREEMENT

#### 1. Unfunded Tax Preparation Fee Program

- (a) ERO hereby requests to enroll in the Program as a means of processing a Taxpayer's past due tax preparation fees via the bank account provided by the Taxpayer in the Refund Disbursement Service Application. ERO understands and agrees that the Program is an optional service, and only those Taxpayers who have chosen the Direct Deposit disbursement option are eligible to participate (collectively, "Eligible Taxpayers").
- (b) ERO will select from the list of Eligible Taxpayers those from whom Bank will attempt to debit the unfunded tax preparation fees. ERO understands and agrees that Eligible Taxpayers for whom Bank has not yet initiated an electronic debit through the Program shall have the right to opt out of this process. For any Eligible Taxpayer who notifies ERO, verbally or in writing, of its election to opt out of the Program, ERO must, within twenty-four (24) hours of ERO's receipt of such notice, either (i) remove such Eligible Taxpayer from ERO's selection list, or (ii) inform Bank to remove such Eligible Taxpayers from the selection list.
- (c) Bank will attempt to initiate an electronic debit from the bank account previously designated by the Eligible Taxpayer one (1) time only. This authorized deduction will only be processed to cover the full amount of the unfunded tax preparation fees; partial totals of the unfunded tax preparation fees will not be processed.
- (d) ERO agrees to cooperate with, and shall have a reasonable period of time, but in no event more than three (3) business days to respond to, any examination, inquiry, audit, information request, etc., which may be required by Bank, to the fullest extent requested by Bank. ERO shall further ensure that any written authorizations between ERO and any Eligible Taxpayer shall be available to Bank for review upon its request.

#### 2. Taxpayer Authorization

- (a) In accordance with the terms of the Refund Disbursement Service Application, ERO agrees that Bank has been provided the requisite authorization to debit electronically the Eligible Taxpayer's bank account to recover the unfunded tax preparation fees on behalf of ERO.

- (b) Before Bank will attempt to initiate any electronic debit of an Eligible Taxpayer's bank account, ERO shall ensure that it has first obtained the required authorization from such Eligible Taxpayer and that such authorization is retained in accordance with the retention requirements set forth in the ERO Agreement.

3. Compensation Arrangement

- (a) ERO acknowledges and agrees that Bank will charge a fee for tax preparation fees that are successfully debited on your behalf and that Bank does not guarantee that such unfunded tax preparation fees will be recovered despite ERO's enrollment in the Unfunded Tax Prep Fee Program.
- (b) ERO further acknowledges and agrees that Bank will collect a processing fee of fifteen percent (15%) of the amount debited from an Eligible Taxpayer's bank account, with the remainder deposited in ERO's bank account.

4. Termination.

- (a) The term of this Addendum shall be through December 31, 2025, unless Bank otherwise terminates this Addendum pursuant to its terms.
- (b) Bank may, without any liability to ERO, terminate this Addendum at any time and without notice to ERO. Termination of the ERO Agreement automatically terminates this Addendum.
- (c) ERO may terminate this Addendum at any time by notifying the Bank.
- (d) Amounts owed by ERO to Bank shall remain due and payable after termination of this Addendum.
- (e) If Bank terminates this Addendum, ERO shall be responsible for, and shall in all cases indemnify and hold Bank harmless from, any losses, expenses, or costs (including attorneys' fees) resulting from ERO's failure to adhere to the terms of this Addendum.

5. Miscellaneous

- (a) Each Party will bear all expenses connected with its performance of its obligations under this Addendum, and no Party will have the right to incur any expense or liability on behalf of any other party.
- (b) To help the government fight the funding of terrorism and money laundering activities, the USA PATRIOT Act requires all financial institutions and their third parties to obtain, verify, and record information that identifies each person or entity that opens a new account. Accordingly, upon opening an account, ERO agrees that Bank will request, and ERO will provide, the name, address, date of birth, driver's license, tax identification number, and other information or documentation to allow Bank to verify the identity of ERO.

**By clicking "I AGREE," ERO is agreeing to participate in the Unfunded Tax Preparation Payment Program and all of its terms and conditions provided herein and as may be amended or supplemented by Bank from time to time in Bank's sole discretion.**

## CONSENT TO USE OF TAX RETURN INFORMATION

For the purposes of this consent form, "we," "us," and "our" mean

KD Business Solutions  
(Printed Name of Tax Preparer)

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage in our tax return preparation services. If we obtain your signature on this form by conditioning our tax preparation services on your consent, your consent will not be valid. 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 from the date of signature.

If you do not consent, you may still have your tax return prepared and electronically filed by us for a fee.

For your convenience, we have entered into an arrangement with third parties to provide qualifying taxpayers with the opportunity to apply for an Electronic Refund Disbursement Service and/or Loan product. To determine whether these products may be available to you, we will need to use your tax return information in order to calculate the amount of your anticipated refund.

If you would like us to use your tax return information to determine whether these products may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

By signing below, you authorize us to use the information you provide to us during the preparation of your 2024 tax return to determine whether to present you with the opportunity to apply for these products and services.

Printed Name of Taxpayer: \_\_\_\_\_

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Joint Taxpayer (if applicable): \_\_\_\_\_

Joint Taxpayer Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

## CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

For the purposes of this consent form, "we," "us," and "our" mean

KD Business Solutions  
(Printed Name of Tax Preparer)

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage in our tax preparation services. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, 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 from the date of signature.

You have indicated that you are interested in receiving an Electronic Disbursement Service and/or Loan (or collectively, "Products or Services") from Pathward, National Association. In order to provide you with the opportunity to apply for one of these Products or Services, we must disclose all of your 2024 tax return information necessary for evaluating the request to Pathward. If you request a more limited disclosure of tax return information, you will not be eligible to submit an application request for these Products or Services. If you would like us to disclose your 2024 tax return information for this purpose, please sign and date your consent to the disclosure of your tax return information.

By signing below, you authorize us to disclose to Pathward all of your 2024 tax return information necessary for the evaluation and processing of your request for a Product or Service. You understand that if you are unwilling to authorize the disclosure and sharing of your tax return information with Pathward, you will not be able to obtain a Product or Service, but you may still choose to have your tax return prepared and filed by us for a fee.

Printed Name of Taxpayer: \_\_\_\_\_

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Joint Taxpayer (if applicable): \_\_\_\_\_

Joint Taxpayer Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).