



2025 Tax Client Information

Complete this form as accurately as possible. Incorrect Information can delay your return or cause a rejection by the IRS. This form must be submitted with your tax related documents and valid picture ID.

Primary SSN# _____

Spouse SSN# _____

**Primary
Name** _____

**Spouse
Name** _____

Primary Date of Birth _____

Spouse Date of Birth _____

Primary Email _____

Spouse Email _____

Phone _____

Alt Phone _____

Address _____

Government Identification

Please Circle One: State Issued DL / State ID Card/ Military ID/ Passport

Identification# _____ Issue Date: ____/____/____

Expiration Date ____/____/____

Spouse ID

Please Circle One: State Issued DL / State ID Card/ Military ID/ Passport

Identification# _____ Issue Date: ____/____/____

Expiration Date ____/____/____

Refund Amount Last Year: \$ _____

If you did not file a tax return last year, would you like us to complete it for you?

Yes _____ No _____

Would you like us to review your previous tax return to ensure accuracy and that your return was maximized?

Yes _____ No _____

Simple Tax and Loans

Dallas, Texas 75202

O: 877.813.8444 | info@simpletaxandloans.com



Filing Status (Circle One) Single / Head of Household / Married Filing Jointly / Married Filing Separately / Qualifying Widow

Dependents/Qualifying Relatives					
Dependent Name	Date of Birth	SSN#	Relationship	Months lived in your home	Disabled Yes/No

Banking Information

_____ Direct Deposit Information _____ Paper Check

Bank Name _____

Acct Type _____ Checking _____ Savings _____

Routing# _____

Account# _____

I, the above-mentioned taxpayer, solemnly swear that the information forwarded to the tax preparer is true to the best of my knowledge. In no way am I attempting to file a fraudulent claim by providing the tax preparer with false documentation. I agree that if I receive a bank product and the IRS does not fully deposit all of the incurred fees that I am liable to Simple Tax And Loans and its subsidiaries or affiliates for all of the unfunded fees as well as any collections fees associated. I agree to submit satisfactory payment in full within 30 days of Invoice.

Taxpayer's Signature _____

Date _____

Spouse's Signature _____

Date _____

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CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

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

(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.

CONSENT TO USE OF TAX RETURN INFORMATION

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

(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: _____

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