

_____ (“We”, “Us”, and “Our”) Name of tax preparer

Federal law requires this consent form be provided to you (“you” refers to each taxpayer, if more than one). Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. Because our ability to disclose your tax return information to another tax return preparer affects the tax return preparation service(s) that we provide to you and its (their) cost, we may decline to provide you with the tax return preparation service or change the terms (including the cost) of the tax return preparation services that we provide to you. 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.

In order to process your return, we must disclose all your 2019 tax return information to National Tax Office, LLC that we partner with in order to provide certain services.

For your convenience, we have entered into agreements with a bank to provide qualifying taxpayers with the opportunity to apply for a (bank product) Refund Transfer (RT), or Electronic Refund Check or Electronic Refund Deposit. To determine whether these products may be available to you, we will need to use your tax return information by analyzing it and calculating the amount of your anticipated refund.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to disclose to National Tax Office, LLC all your 2019 tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to use the information you provided to us during the preparation of your 2019 tax return to determine whether to present you with opportunity to apply for bank product (described above) and services.

Name of Taxpayer _____

Taxpayer Signature _____ Date _____

Name of joint Taxpayer _____

Joint Taxpayer Signature _____ Date _____

Tax Intake Form

TAXPAYER

Social Security Number: _____ - _____ - _____
First Name: _____ MI: _____ Last Name: _____
Date of Birth: _____ Date of Death: _____
Work Phone: _____ Cell/Other Phone: _____
Occupation: _____ Email: _____
Legally Blind? Yes _____ NO _____ Dependent of Other? Yes _____ NO _____

SPOUSE

Social Security Number: _____ - _____ - _____
First Name: _____ MI: _____ Last Name: _____
Date of Birth: _____ Date of Death: _____
Work Phone: _____ Cell/Other Phone: _____
Occupation: _____ Email: _____
Legally Blind? Yes _____ NO _____ Dependent of Other? Yes _____ NO _____

FILING STATUS

Single: _____
Married Filing Joint: _____
Married Filing Separately: _____
Head of Household: _____
Qualifying Widower: _____

ADDRESS

Street & Apt. No. _____
City: _____
State: _____ Zip: _____
County: _____

DEPENDENTS

First, Middle initial, Last Name D.O.B Social Security Number Relationship

First, Middle initial	Last Name	D.O.B	Social Security Number	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For Office use only - Compliance check list

Please make sure to collect, scan and upload all the listed item below to software

- **Client Intake Form** (Please up load ALL the forms provided in the booklet)
- **Tax Client Photo ID (Readable)** (For every taxpayer listed on tax return)
- **Copy of Social Security Cards**
- **Copy of Income** (W-2, 1099 and all the other income documentation provided by taxpayer)
- **Copy of any supporting documents pertaining to tax return** (Any documents the taxpayer gives you scan and upload them)

Tax Preparer Name: _____ Date: _____

How do you want your refund? (Check one of the following)

- 7-14 days (RT Refund Transfer: Check)
 - In about 7-14 days from the date your return is accepted electronically by the IRS, you receive a check for the amount your refund less filing fees. (Check will be available in our office)
- 7-14 days (RT Refund Transfer: Debit Card)
 - In about 7-14 days from the date your refund is accepted electronically by the IRS, for the amount your refund less filing fees will be deposited onto the debit card we issued you.
- 7-14 days (RT Refund Transfer: Direct Deposit)
 - In about 7-14 days from the date your refund is accepted electronically by the IRS, for the amount your refund less filing fees will be deposited into your bank account.
- 7-14 days (RT Refund Transfer: Walmart Direct2Cash)
 - In about 7-14 days from the date your refund is accepted electronically by the IRS, for the amount your refund less filing fees will be deposited into your bank account.

Cash Advance option (Check one of the following)

*The loan offered in amounts 25%, 50% or 75% of your expected tax refund from \$500-\$6000. Loan in the amount of 50% or 75% of your expected tax refund will have an APR of 36%.

- Cash Advance (RT Refund Transfer: Check)
 - 25%
 - 50%
 - 75%
- Cash Advance (RT Refund Transfer: Debit Card)
 - 25%
 - 50%
 - 75%

The Following products require fees paid at the time of the service

- E-file: Direct Deposit
 - Your refund will be deposited into your savings or checking account directly from IRS approximately 10-14 days after your return is accepted by IRS.
- 3-4 Weeks (E-file: Check)
 - Your refund will be mailed to you directly from IRS in approximately 3-4- weeks after your return is accepted electronically by the IRS.
- Mail a paper return
 - Your refund will be mailed to you directly from IRS in approximately 6-8- weeks after your mail your return to the IRS.

Signature: _____ **Date:** _____

*All times are estimated because the IRS no longer publishes the refund cycle chart. If you claim the EITC Or AOTC on your tax return, the IRS cannot issue your refund before mid-February.

Tax Client Photo ID and Voided Check – Required!

Taxpayer Name - _____

Taxpayer SSN - _____ - _____ - _____

PHOTO ID #1 –Required

1 Other Form of ID – Required

Spouse Name - _____

Spouse SSN - _____ - _____ - _____

PHOTO ID #1 –Required

1 Other Form of ID – Required

Place Voided Check Here
(only if you selected Direct deposit on page – 3)

I hereby authorize the use of this identification above to electronically file my federal tax return according to IRS publication 1345

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Due Diligence Questionnaire

How many people live with you? _____ How many: Adults _____ Children _____
Is the taxpayer, spouse or depended(s) can be claim as qualifying child on any other tax return? Yes ___ No ___
If Yes, who? _____

Did anyone help support you during the year? ___ Yes ___ No
If yes, who? _____ How much? \$ _____

In the case of audit can you prove financial responsibility and residency for any of the Dependents being claimed?

Which document(s) can you provide? (i.e. copy of lease, medical records, school records, food stamps or benefit statements)

Are any of the dependents being claimed NOT your Son or Daughter? ___ Yes ___ No
If Yes, why are the parents not claiming the child? (Please explain and list the child's name(s) if more than one listed on the return)

Were any of the credits disallowed or reduced in a previous year? ___ Yes ___ No
If yes, please explain

Did you have any other income during the year? (Child support, alimony) ___ Yes ___ No
If yes, please specify _____

Other comments:

Client Signature _____ Date: _____

I certify that all answers on this form are to the best of my knowledge, true, correct, and complete.

Schedule - C - Form

Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Use a separate worksheet for EACH SCH - C
****Please Note: If possible, it is preferred a trial balance, P&L and balance sheet be provided by the client. If available, write "see next page" below and stuck under this page. If NOT AVAILABLE, Please use the input sheet below.**

Business Info: (Required for all) Taxpayer: _____ or Spouse: _____
 Name of Business (If any): _____
 Address of Business: _____
 Business EIN (If any): _____ - _____
 Date Business Started: _____
 Did you materially participate in the business? YES: _____

Income Questions: (Required if no P&L or Trial Balance Available)

Total Sales: \$ _____

Other Income: \$ _____

General Expenses: (Required if no P&L or Trial Balance Available)

Advertising:	\$ _____	Repair & Maintenance:	\$ _____
Auto Expense:	\$ _____	Supplies:	\$ _____
Commissions:	\$ _____	Taxes & Licenses:	\$ _____
Contract Labor:	\$ _____	Travel:	\$ _____
Depletion:	\$ _____	Meals (Total):	\$ _____
Employee Benefit Program:	\$ _____	Utilities:	\$ _____
Insurance (other than health):	\$ _____	other:	_____
Interest:	\$ _____		\$ _____
a) Mortgage:	\$ _____		\$ _____
b) Other:	\$ _____		\$ _____
Legal & Professional:	\$ _____		\$ _____
Office Expense:	\$ _____		\$ _____
Pension & Profit Sharing:	\$ _____		\$ _____
Rent or Lease:	\$ _____		\$ _____
a) Vehicles:	\$ _____		\$ _____
b) Machinery:	\$ _____		\$ _____
c) Other:	\$ _____		\$ _____

Total Expenses: \$ _____

Total Income – Total Expenses = \$ _____ Net Income

(Please attach any other supporting document(s) if available)

Client Signature: _____ Date: _____

By signing above, I hereby certify the information given above is true and accurate.

Income Summary

<u>MONTH</u>	<u>SERVICE</u>	<u>\$ MADE</u>
January	_____	\$ _____
February	_____	\$ _____
March	_____	\$ _____
April	_____	\$ _____
May	_____	\$ _____
June	_____	\$ _____
July	_____	\$ _____
August	_____	\$ _____
September	_____	\$ _____
October	_____	\$ _____
November	_____	\$ _____
December	_____	\$ _____
	TOTAL	\$ _____

Dependent Care Form

Taxpayer SSN: _____ - _____ - _____

Taxpayer Name: _____

STANDARD DEPENDANTS

1. Name of child: _____

SSN: _____ - _____ - _____

Daycare or provider Name: _____

FEIN (or social of caregiver): _____ - _____ - _____

Total amount paid \$ _____

2. Name of child: _____

SSN: _____ - _____ - _____

Daycare or provider Name _____

FEIN (or social of caregiver): _____ - _____ - _____

Total amount paid \$ _____

3. Name of child: _____

SSN: _____ - _____ - _____

Daycare or provider Name _____

FEIN (or social of caregiver): _____ - _____ - _____

Total amount paid \$ _____

4. Name of child: _____

SSN: _____ - _____ - _____

Daycare or provider Name: _____

FEIN (or social of caregiver): _____ - _____ - _____

Total amount paid \$ _____

NON-STANDARD DEPENDENTS (Grandchild, niece, nephew, stepchild, foster child, etc.):

Name of child _____

Why aren't parents claiming child? _____

How long has child lived with you? _____ did parent send fund to help support child? **Y / N**

Do you have: Court documentation of custody? **Y / N**

Document proving relationship to child? **Y / N**

ADULT DEPENDANTS

Who is the dependent? _____

Where do they live? _____

Is dependent disabled? **Y / N**

Why are they not filing their own return? _____

Can anyone else claim this dependent? **Y / N**

Client Signature _____ Date: _____

By signing above, I hereby certify the information given above is true and accurate to the best of my knowledge.

Student Acknowledgment Form

I, _____ was a student during the 20____ school year, and attended_____. I certify that all of the information found on this form is true and to the best of my knowledge. I understand it is my responsibility to have all valid documents and or receipts, as required to apply for any type of school credit. Below is a recap of all information, status, and expenses I have encountered.

My scholar status:

() Full Time Student

() Part Time Student

PLEASE PROVIDE a 1098-T Form

Below are my total educational expenses:

Books: \$ _____

Supplies (On campus): \$ _____

Supplies (Off campus): \$ _____

Other expenses: \$ _____

Total: \$ _____

By signing below I certify all information is true, valid, and to the best of my knowledge. I accept full responsibility of the statements mentioned above. Any and all disputes regarding this matter shall be forwarded to me with the information found on my tax returns forms.

Name First/Last Name printed: _____ Date: _____

Schedule - A - Information

MEDICAL EXPENSES **(Current Year)**
Medical & Dental Expenses \$ _____
Medical Insurance Premiums Paid (Other than Social Security Medicare Payments) \$ _____
Long Term care Premiums \$ _____
Prescription Drugs & Medications \$ _____
Medical Miles Driven: January 1 to June 30: _____ July 1 to December 31: _____

TAX EXPENSES **(Current Year)**
State & Local Income Taxes Paid (Other than those on W-2's, 1099's, etc.) \$ _____
Prior year Income Taxes paid in current year \$ _____
Real Estate Taxes \$ _____
Personal Property Taxes \$ _____
Other taxes: _____ \$ _____
_____ \$ _____
_____ \$ _____
Qualified New Vehicle Taxes \$ _____
Additional State/ Local Taxes \$ _____

INTEREST EXPENSE **(Current Year)**
Home Mortgage Interest reported on Form 1098 \$ _____
Home Mortgage Interest paid to others \$ _____
Refinancing Points Paid in 2017 \$ _____
Investment Interest (other than K-1) \$ _____

CONTRIBUTIONS **(Current Year)**
Cash Contributions (If over \$500 please provide detailed list) \$ _____
Non Cash Contributions (If over \$500 please provide detailed list) \$ _____
Volunteer Mileage Driven _____

Miscellaneous **(Current Year)**
Unreimbursed Business Expenses \$ _____
Union Dues \$ _____
Tax Prep Fees (Paid for Previous Return) \$ _____
Safe Deposit Rental \$ _____
Investment Expenses (Other than K-1) \$ _____
Gambling Losses (Due to extent of winnings) \$ _____
Other Expenses: _____ \$ _____
_____ \$ _____

CASUALTY & THEFT LOSSES
If you had any casualty or theft losses during the year, please provide detail below, including date, description, amount of casualty or loss, any insurance reimbursement & basis in the property.

Client Signature _____ Date: _____

Affordable Care Details:

Coverage Details: Check each month that applies for each question.

Note: 1095 - A and Exemption Certificates should be included under the Tax Document Sheet.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
TAXPAYER:												
Insured through Marketplace												
Coverage from other source												
Exempt from Mandate												
SPOUSE:												
Insured through Marketplace												
Coverage from other source												
Exempt from Mandate												
DEPENDANT 1												
Insured through Marketplace												
Coverage from other source												
Exempt from Mandate												
REQUIRED TO FILE A RETURN?	Y / N											
DEPENDANT 2												
Insured through Marketplace												
Coverage from other source												
Exempt from Mandate												
REQUIRED TO FILE A RETURN?	Y / N											
DEPENDANT 3												
Insured through Marketplace												
Coverage from other source												
Exempt from Mandate												
REQUIRED TO FILE A RETURN?	Y / N											

If employer sponsored health coverage was declined:

	Taxpayer:	Spouse:
What would cost of SELF coverage have been?	\$	\$
What would cost of FAMILY coverage have been?	\$	\$
Would FAMILY policy have covered spouse?	Y / N	Y / N

Other Calculation Questions

Did you pay for health coverage for anyone not on your return?	Y / N
Did anyone else pay for health coverage for someone on your return?	Y / N

STIMULUS PAYMENT(S) DISCLOSER FORM

FIRST STIMULUS AMOUNT RECEIVED

TAXPAYER \$_____

SPOUSE \$_____

DEPENDENTS \$_____

TOTAL \$_____

SECOND STIMULUS AMOUNT RECEIVED

TAXPAYER \$_____

SPOUSE \$_____

DEPENDENTS \$_____

TOTAL \$_____

Signature: _____ **Date:** _____

BY SIGNING ABOVE, I CERTIFY THAT THE ABOVE AMOUNTS ARE ACCURATE AND WHAT MY HOUSEHOLD RECEIVED FOR BOTH STIMULUS PAYMENTS AT THE TIME OF FILING THIS TAX RETURN AS REPORTED TO ME ON FORM 1441-A AND 1441-B.