



## CLIENT INFORMATION SHEET

Name: \_\_\_\_\_ Filing Status \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone

Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

### **Dependent Information:**

Name	Social Security no.	Relationship	DOB
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

### **IF ENTITLED, PREFERRED REFUND PROCESSING:**

IRS DIRECT DEPOSIT\*: \_\_\_\_\_ OFFICE CHECK: \_\_\_\_\_ DEBIT CARD: \_\_\_\_\_

IRS CHECK\*: \_\_\_\_\_ OFFICE DIRECT DEPOSIT: \_\_\_\_\_

\*must pay tax preparation fees upfront; must attach bank document for any direct deposits

Please sign (or type name): \_\_\_\_\_ Date: \_\_\_\_\_

Please sign (or type name): \_\_\_\_\_ Date: \_\_\_\_\_



## CONSENT TO USE TAX RETURN INFORMATION

For EZ Income Tax Services & Resource Center, it affiliates and assigns (WE, US, & OUR).

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

You are not required to complete this form. 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.

For your convenience, we have entered into an arrangement with RefundAdvantage to provide qualifying taxpayers with the opportunity to apply for a refund transfer ("bank product") offered by RefundAdvantage. To determine whether a bank product 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.

If you would like us to use your tax return information to determine whether a bank product 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 (including each of you if there is more than one tax payer) authorize us to use the information you provide to us during the preparation of your 2022 tax return(s) to determine whether to present you with the opportunity to apply for a bank product from Bank.

Printed Name of Tax Payer \_\_\_\_\_

Tax Payer Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Joint Tax Payer \_\_\_\_\_

Joint Tax Payer Signature \_\_\_\_\_ Date \_\_\_\_\_



## HOLD HARMLESS AGREEMENT

I do solemnly swear, affirm and promise under criminal penalty for fraudulent use of a false or fictitious name or address or for making a false material statement punishable by law that the statements contained herein are true and accurate.

I here absolve, defend, indemnify and hold harmless: the owners, management, employee, independent contractors, subcontractors, and affiliates of EZ Income Tax Services and Resource Center from any and all claims arising from the authorized or unauthorized use of the requested, specified, and acknowledged services described herein.

I do promise to contact the Internal Revenue Service for any questions regarding my tax refund once it has been sent (electronically or paper). IRS 1-800-829-1040 or [www.irs.gov](http://www.irs.gov) (Where's my refund)

Printed Name Taxpayer \_\_\_\_\_

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

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

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



## Attachment Form

Driver's License

Social Security Cards

Dependents Social Security Cards

W-2s / 1099s

All other Tax Forms

Voided Check for Direct Deposit

Other



## CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

EZ Income Tax Services & Resource Center, its affiliates and assigns ("we," "us" and "our").

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 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 our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation 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 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 obtaining an Electronic Refund Product from Fort Knox Financial Services Corporation, d/b/a Refund Advantage (the "Service Provider"). To provide you with the opportunity to apply for and/or receive an Electronic Refund Product, we must disclose all of your 2014 tax return information to the Service Provider. You may request a more limited disclosure of tax return information, but you will not be eligible to submit an application for an Electronic Refund Product to the Service Provider.

If you would like us to disclose your 2019 tax return information to the Service Provider 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 the Service Provider your 2022 tax return information so that the Service Provider can evaluate and process your application for an Electronic Refund Product. You understand that if you are not willing to authorize us to share your tax information with the Service Provider, you will not be able to obtain an Electronic Refund Product from the Service Provider, but you can 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: \_\_\_\_\_

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

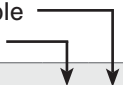
If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

# Due Diligence Questionnaire

Name/ID:	Year:
Preparer conducting interview:	Date of interview:
Method of interview (phone, in-person, email):	

Check if not applicable

Check if document requested and relied upon to support claim



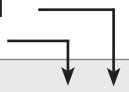
Filing status	Taxpayer's response
1 Are you married?	
2 Are you divorced?	
3 Are you separated?	
4 When will your divorce be final?	
5 Have you lived apart from your spouse for the last 6 months of the year?	
6 Did you maintain more than half of the cost of the home?	
7 Is your spouse deceased?	
8 Other:	
9 Other:	

Qualifying child	Taxpayer's response
1 What is your child's birthdate?	
2 Where does your child live?	
3 Does your child live with the other parent?	
4 What does your separation/divorce agreement state regarding who claims the child?	
5 Did the child pay for their own support during the year, such as food, rent, etc.?	
6 What school did your child attend?	
7 Is your child married and filing joint?	
8 Does the child have a valid SSN or ITIN?	
9 Is the child disabled? If yes, answer "a" through "c". a What type of disability does the child have? b Does the child receive SSI or other disability payments? c Do you have a letter from the child's doctor/healthcare provider stating that the child is permanently and totally disabled?	
10 Other:	
11 Other:	

Relationship test	Taxpayer's response
1 If other than the taxpayer's child, do the child's biological parents live with the child? If no, where are the biological parents?	

If taxpayer has more than one child, enter additional information here:

Check if not applicable Check if document requested and relied upon to support claim



## Form 1098-T

## Taxpayer's response

1 Has the student ever been convicted of a felony for the possession or distribution of a controlled substance (drugs)?			
2 Has the student completed the first 4 years of postsecondary education (a grad student)?			
3 Was the student enrolled at least half-time for at least one academic period?			
4 How many years have you claimed the American opportunity tax credit?			
5 Did you pay additional amounts for books?			
6 Are there any other fees not on Form 1098-T?			
7 How many months was the student in school?			
8 Does the student have earned income? (wages)			
9 Other:			
10 Other:			

## Business income

## Taxpayer's response

1 How long have you owned your business?			
2 Do you have any documentation to substantiate your business?			
3 Who maintains the business records for your business?			
4 Do you have separate bank accounts for personal and business transactions?			
5 Have you been issued a Form 1099-NEC to support the income?			
6 Do you have evidence of any exemption?			
7 Other:			
8 Other:			

ADDITIONAL COMMENTS: