

Client Data Sheet _____ Tax Year

You will need to provide: All Income Information such as W2's, 1099, and 1098 forms received. Social Security Cards for all persons on your tax return. Valid Picture ID's for you and your spouse.	Please complete all pages. You are responsible for the information on your tax return; you must provide us with complete and accurate information.
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Section 1 -Your Information

Your First Name		Middle Initial	Last Name		Your Social Security Number	
Spouse's First Name		M.I.	Last Name		Spouse's Social Security Number	
Mailing Address			Apt #	City	State	Zip Code
Daytime Phone:		Evening Phone:		Cell:	E-mail:	
Your Date of Birth		Your Occupation		Last year, were you: (1) a Full time Student - YES NO (2) Totally & Permanently Disabled - YES NO (3) Legally Blind - YES NO		
Spouse's Date of Birth		Spouse's Occupation		Last year, was your spouse: (1) a Full time Student - YES NO (2) Totally & Permanently Disabled - YES NO (3) Legally Blind - YES NO		
Your Picture ID: Type & ID #			State Issued	Expiration Date	States You Lived in Last Year and dates	
ID Address Matches Current Mailing Address? YES NO						
Spouse's Picture ID: Type & ID #			State Issued	Expiration Date	States Your Spouse Lived in Last Year and dates	
ID Address Matches Current Mailing Address? YES NO						
Can anyone claim you or your spouse on their tax return? YES NO UNSURE				Have you or your spouse been a victim of identity theft? YES NO		

Section 2 - Marital Status/Household Information: Check the box below that describes your marital situation on the last day of the year.

As of Dec. 31 st , were you:	<input type="checkbox"/>	Unmarried			
	<input type="checkbox"/>	Married - What year were you married?			
	<input type="checkbox"/>	Divorced or Legally Separated - Date of Final Decree or Separate Maintenance Agreement:			
	<input type="checkbox"/>	Widowed - Year of Spouse's Death:			
Did you live with your spouse during any part of the last 6 months of the year? (At any time from July 1 to December 31) If YES, your filing status will be MFJ or MFS.				Yes	No

Section 3 – Dependents: List the names of everyone who lived with you last year (other than your spouse) and anyone you supported but did not live with you last year.

Name (First and Last)	Social Security Number	Date of Birth	Relationship to You (Son, daughter, niece, nephew, parent, none, etc.)	# of months lived in your home last year	U.S. Citizen? (Yes/No)	Resident of U.S., Canada, Mexico last year (Yes/No)	Full-time Student last year (Yes/No)	Totally & Permanently Disabled (Yes/No) Must have Physician's Certification	Can this person be claimed as a dependent by someone else? (Yes/No)	Did this person provide more than half of his/her own support? (Yes/No)	Did this person have <u>income</u> or receive any <u>benefits</u> ? How much?	I provided more than 50% of support for this person? (Yes/No)	I paid more than half of the cost of maintaining a home for this person? (Yes/No)

I am claiming my biological child but I am not the custodial parent. If Yes, Form 8332 is required for divorces after 2008 and for divorces before 2009 w/o divorce decree specification.	Yes	No
I am claiming a child who is not my son or daughter. If Yes, explain why the parents are not claiming the child.	Yes	No
If you are claiming a child who is not your son/daughter, you must provide medical, school, or other records that confirm the child lived with you more than half the year.		
Can you provide a birth certificate to verify the child's relationship to you OR for an adopted or foster child, the placement paperwork from an authorized agency or court.	Yes	No

Section 4 - Your Income Information: You record the number of forms you give to your preparer/your preparer verifies the form and number received.

For the tax year did you or your spouse receive:	How Many Forms?	Preparer's Initials	Did you or your spouse receive:	How Many Forms?	Preparer's Initials
W-2s			1099-C Cancellation of Debt		
1099-G Unemployment/State Refund			1099-B Sale of Stock		
W-2G Gambling Income			1099-MISC		
1095-A Marketplace Ins Statement			1099-S Sale of a Home		
1095-B/C Employer Health Ins Statement			Self-Employment Income	\$ Amt	
1099-INT Interest Income			Rental Income	\$ Amt	
1099-DIV Dividend Income			Farm Income	\$ Amt	
1099-SSA Social Security Income			Alimony Received	\$ Amt	
1099-R Retirement Income			Disability Income, SSI, TANF, Food Stamps, etc.	\$ Amt	
Is this military retirement? Yes/No					
K1 for Trusts/Partnerships			Other:		

Section 5 – Expenses – For the tax year did you or your spouse pay:

Post-secondary educational expenses for you, your spouse, or dependent (Form 1098-T is required)	Yes	No
Student Loan Interest (Form 1098-E is required)	Yes	No
Child or dependent care expenses (Statement from care provider is required)	Yes	No
Medical Expenses (Paid receipts are required)	Yes	No
Home Mortgage Interest (Form 1098 is required)	Yes	No
Charitable Contributions (Receipts from qualified organizations are required)	Yes	No
Expenses related to Self-Employment Income (Schedule C/expense documentation & paid receipts are required)	Yes	No
Property Taxes/State and Local Taxes (Limited to \$10,000; proof of payment is required)	Yes	No

Section 6 – Other Events – For the tax year did you or your spouse:

Owe back taxes, child support, or a student loan and are not current on the payments?	Yes	No
Have a debt cancelled or forgiven and received a Form 1099-C?	Yes	No
Sell a home or have a foreclosure of your home? (Form 1099-S or 1099-A)	Yes	No
Receive 1 st Time Homebuyer's Credit in 2008? The original credit amt & total amt repaid in prior years is required.	Yes	No

Section 7 – Health Care Coverage (Our ACA Check Sheet must be completed, signed, & dated) – Check the applicable boxes:

For the tax year did you have healthcare coverage for you taxpayer, your spouse, and all dependents?	Yes	No
Did you or your spouse purchase a policy through the Marketplace or receive an advance payment from the Marketplace to help pay your premiums? (If yes, Form 1095-A is required to prepare your tax return)	Yes	No

Check the applicable boxes indicating the health care coverage status for everyone listed on the return.

Had Health Care Coverage in the tax year	For the entire year (all 12 months)	Had only part year (Less than 12 months)	Months Covered for Part-Year Coverage During the Year	Had No Health Insurance During the Year
Taxpayer				
Spouse				
Dep 1				
Dep 2				
Dep 3				
Dep 4				

Section 8 – Additional Comments/Information to Note and Signatures

Taxpayer's Signature/Date

Joint Taxpayer's Signature/Date

My/Our signature(s) above confirms that the information on this Client Data Sheet (front and back and supplemental sheets) was furnished by me/us to the preparer. I understand that appropriate supporting documentation may be requested by the IRS or the preparing company. My/Our signature(s) confirms that I/we have that documentation readily available and hold the preparing company blameless if subsequent adjustment to my tax return occurs due to my/our inability to provide requested documentation.

Preparer's Signature/Date

rev 12.5.18

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Affordable Care Act Check Sheet for Tax Year _____

Tax Preparers Health Insurance Interview Sheet

Taxpayer Name:			
The Preparer checks the appropriate answer for each question			
Yes	No	Unsure	Health Care Coverage Information – Last year, did the taxpayer, spouse, or dependent(s) on the return:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have health care coverage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Receive one or more of the following forms? (Check) <input type="checkbox"/> Form 1095-B <input type="checkbox"/> Form 1095-C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Have health insurance coverage through the Marketplace/Exchange? (TP must provide Form 1095-A) If Yes, is everyone listed on the 1095-A being claimed on this tax return?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Receive a coverage exemption granted by the Marketplace when uninsured? (Marketplace Exemption Certificate is required)

Completed by the tax preparer - Indicate the health coverage situation for everyone listed on the return.						
Name	Had MEC All Year	No MEC All Year	Had Part Year MEC (circle months with coverage)	Part Year Exemption (circle months exemptions applies)	Exemption All Year	Notes
TP			J F M A M J J A S O N D	J F M A M J J A S O N D		
SP			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dep			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dep			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dep			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dep			J F M A M J J A S O N D	J F M A M J J A S O N D		

Tax Program Data Entry for Health Coverage Situations:

1. If everyone listed on the tax return had health coverage (MEC) all year, go to the **Health Insurance Coverage Information** screen and answer “**Yes**” to the 1st coverage statement.
2. If everyone listed on the tax return did not have health coverage all year, go to the **Health Insurance Coverage Information** screen and answer “**No**” to the 2nd coverage statement.
3. For households where there are gaps in coverage during the year, Use **Form 8965 – Health Coverage Exemptions** screen to report the months **with & w/o** health coverage and coverage exemptions for everyone listed on the return.
4. For customers with Marketplace Insurance, in addition to reporting their coverage situation for the year, you must enter the information from the **1095-A** form into the **Form 1095-A Health Insurance Marketplace Statement** screen. **The IRS will hold the refund if 1095-A amounts are omitted from the return.**

Signatures:

Taxpayer _____

Joint Taxpayer _____

Preparer _____ 7.9.18

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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 (“you” refers to each taxpayer, if more than one). 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 2018 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: _____

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 e-mail at complaints@tigta.treas.gov.

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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 (“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 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 EPS Financial, a division of MetaBank. In order to provide you with the opportunity to apply for one of these Products or Services, we must disclose all of your 2018 tax return information necessary for evaluating the request to EPS Financial. 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 2018 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 EPS Financial all of your 2018 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 EPS Financial, 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: _____

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 e-mail at complaints@tigta.treas.gov.

Please enter SID here:

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1040 Protect and 1040 Protect – Deluxe

Included with our tax preparation service is our **1040 Protect** coverage. If WE make a mistake on your tax return and you experience financial harm*, WE will pay the PENALTIES and INTEREST caused by our error and assessed by the Internal Revenue Service and/or your state Department of Revenue –at NO additional cost to you.

Our **1040 Protect – Deluxe** coverage is also available to you. Under the terms of our **1040 Protect – Deluxe** coverage, if WE make a mistake on your tax return and you experience financial harm*, WE will pay the TAX LIABILITY, PENALTY, and INTEREST caused by our error and assessed by the Internal Revenue Service and/or your state Department of Revenue*, to a combined maximum of \$6,000—for a nominal charge of \$20.

In order to be eligible for reimbursement under 1040 Protect or 1040 Protect – Deluxe you must:

- 1) Notify the local branch office or any affiliated branch office within 60 days of receiving any letter from any taxing authority concerning your individual tax return;
- 2) Allow and assist the office in any effort deemed necessary at its own expense to investigate, question, or challenge the additional amount due per the taxing authority;

1040 Protect or 1040 Protect - Deluxe coverage does not apply to any of the following situations:

- 1) You provided incorrect or incomplete information when the return was prepared;
- 2) The tax return, as originally prepared, shows an amount owed for taxes (1040 Protect base coverage of penalties and interest only would be covered in this situation);
- 3) Your tax refund was reduced or not received as a result of a tax lien, judgment support order, unpaid student or government related loan, back taxes, payment of any other RAL bank loan or any other collection activity;
- 4) You had actual knowledge that additional tax would be owed on or before the date the return was filed;
- 5) You are unable to produce sufficient or appropriate records to support your tax position before the IRS;
- 6) You failed to timely file the tax return or pay the taxes shown as owing on such return;
- 7) You intended to defraud the office or any taxing authority;
- 8) Events subsequent to the preparation of your tax return caused the additional tax assessment; and/or
- 9) Your tax return was prepared by one of your family members that works or worked for the Company, its subsidiaries or affiliates.

Other Terms and Conditions:

- 1) If you receive a refund of monies from a taxing authority for a return protected under this coverage and any payment is remitted to you pursuant to the terms of this coverage with respect to such tax return, you agree to promptly reimburse such payment to the office or its designate.
- 2) IRS guidelines require that any reimbursement of an additional tax assessment will require you to include such payment as income on the tax return for the year in which such payment is made. A Form 1099 will be furnished to you to reflect this payment.
- 3) If preparation fees for the return have not been paid prior to the date of the letter from the IRS and/or state Department of Revenue, the company will not be liable and will not pay for any tax liability, interest or penalties.
- 4) 1040 Protect and/or 1040 Protect - Deluxe is not available for any tax returns prepared for employees, previous employees or family members of employees or previous employees of the Company, its subsidiaries or affiliates.

* Financial harm is defined as being required to pay back money previously received based upon reliance on the tax return prepared by our company and for which you had no knowledge prior to receipt of the money that it would be required to be paid back.

Opt Out of 1040 Protect – Deluxe coverage:

1040 Protect – Deluxe coverage and thus the \$20 charge for that coverage will be charged on each tax return prepared unless you, the customer, opts out of this \$6,000 combined coverage. Please sign below in the section that reflects your choice.

I/We opt to accept the 1040 Protect – Deluxe coverage as explained above at a cost of \$20.

Customer Signature

Spouse Signature (if applicable)

I/We opt to accept the base 1040 Protect coverage as explained above at no additional cost.

Customer Signature

Spouse Signature (if applicable)