

Client Data Sheet 2025 Tax Year

Section 1 – Taxpayer and Spouse Demographic Information

Primary Taxpayer's First Name		Middle Initial	Last Name		Primary Taxpayer's Social Security Number	
Spouse's First Name		Middle Initial	Last Name		Spouse's Social Security Number	
Mailing Address			Apt #	City	State	Zip Code
Daytime Phone:		Cell Phone:		Evening Phone:		E-mail:
Taxpayer's Date of Birth		Taxpayer's Occupation		In 2025 for Primary Taxpayer: (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		In 2025 for Spouse: (1) a Full time Student - YES NO (2) Totally & Permanently Disabled - YES NO (3) Legally Blind - YES NO		
Taxpayer's Picture ID: Type & ID # ID Address Matches Current Mailing Address? YES NO			State Issued	Issue Date	Expiration Date	States Taxpayer Lived in Last Year and Exact Dates
Spouse's Picture ID: Type & ID # ID Address Matches Current Mailing Address? YES NO			State Issued	Issue Date	Expiration Date	States Spouse Lived in Last Year and Exact Dates
Can anyone claim taxpayer or spouse on their tax return? YES NO UNSURE				Have you or your spouse been a victim of identity theft? YES NO (If Yes, IP PIN Needed)		

Section 2 – Marital Status/Household Information: Check the box below that describes your marital situation **on the last day of the Tax Year.**

As of Dec. 31 st , were you:	<input type="checkbox"/> Never Legally Married	Yes	No
	<input type="checkbox"/> Legally 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 is 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 Country last year? U.S., Mexico, other?	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, provide the placement paperwork from an authorized agency or court.												Yes	No

Section 4 - Income Information: Record the number of forms given to your preparer. Your preparer must verify the number of forms brought in.

For the tax year did taxpayer or spouse receive:	How Many Forms?	Preparer's Initials	Did taxpayer or spouse receive:	How Many Forms?	Preparer's Initials
W-2s			1099-B/1099-Cons. Sale of Stock		
SSA-1099 Social Security Benefits			1099-C Cancellation of Debt		
1095-A Marketplace Ins Statement			K1 for Trusts/Partnerships		
1099-G Unemployment/State Refund			1099-MISC, 1099-NEC, and/or 1099-K for payment card trans.		
1099-R Retirement Income			Other Self-Employment Income (including cash received)	\$ Amt	
W-2G / Gambling Income			Rental Income	\$ Amt	
1099-SA and/or Form 5498-SA (HSA)			Farm Income	\$ Amt	
1099-INT Interest Income			Alimony Received	\$ Amt	
1099-DIV Dividend Income			Disability Income, SSI, TANF, Food Stamps, etc.	\$ Amt	

Section 5 – Expenses – For the tax year did taxpayer or spouse have any of the following:

Post-secondary educational expenses for taxpayer, 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
Purchase of a new (not used) vehicle in 2025 and make payments? (Vehicle Purchase Records, Lender Interest Statement, and Vehicle Identification Number (VIN) is required)	Yes	No

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

Owe back taxes, child support, or a student loan and are not current on the payments?	Yes	No
Sell a home or have a foreclosure of a home? (Form 1099-S or 1099-A)	Yes	No
Work at an hourly job and was paid overtime?	Yes	No
Received TIPS, in addition to wages reported on a W-2 form?	Yes	No
Take a retirement distribution during the last 3 tax years? Indicate tax year and amount.	Yes	No

Section 7 – Health Care Coverage:

Did taxpayer or spouse purchase a policy through the Marketplace or receive an advance payment from the Marketplace to help pay for premiums? (If Yes, Form 1095-A is required to prepare your tax return)	Yes	No
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Section 8 – Foreign Accounts and Digital Assets (Cryptocurrency) Questions:

At any time during the tax year, did taxpayer or spouse receive, sell, send, exchange, or otherwise acquire any financial interest in any digital assets such as virtual currency (cryptocurrency), nonfungible tokens (NFT's), tokenized assets, stable coins, security tokens, and other digital assets that have value, ownership, and are discoverable?	Yes	No
At any time during the tax year, did you have any interest in or authority over any foreign accounts or foreign trusts.	Yes	No

Section 9 – 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/our tax return occurs due to my/our inability to provide requested documentation.

Preparer's Signature/Date

rev 12.02.25

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CONSENT TO USE OF TAX RETURN INFORMATION

Consent A - Bank Product Services

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 2025 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.

Please enter SID here:

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CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Consent B - Bank Product Services

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 2025 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 2025 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 2025 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.

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CONSENT TO USE OF TAX RETURN INFORMATION

Consent C – SUPPORT SERVICES

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.

To ensure a high level of customer service, we have entered into an arrangement with third parties to provide supplemental customer support functions to our tax preparers and customers. In order to obtain these services, we will need to use all of your 2025 tax return information in order that the third parties can provide those supplemental customer support functions regarding your tax return.

If you would like us to use your tax return information in the context of obtaining supplemental customer support, 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 or we obtain in connection with the preparation of your 2025 tax return.

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.

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CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Consent D – SUPPORT SERVICES

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.

To ensure a high level of customer service, we have entered into an arrangement with third parties to provide supplemental customer support functions to our tax preparers and customers. In order to obtain these services, we will need to disclose all of your 2025 tax return information in order that the third parties can provide those supplemental customer support functions regarding your tax return.

If you request a more limited disclosure of tax return information, we may not be able to provide the same level of customer support. If you would like us to disclose your 2025 tax return information for this purpose, please sign and date this consent to the disclosure of your tax return information.

By signing below, you authorize us to disclose of the information you provide to us during or we obtain in connection with the preparation of your 2025 tax return. You understand that if you are unwilling to authorize the disclosure and sharing of your tax return information to our third party customer service vendors, 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.

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CONSENT E

VOLUNTARY TEXT MESSAGES NOTICE

You may elect to receive Text Messages for account management and marketing purposes"

Tax Preparer Firm: Security Finance

Address: _____

City: _____

State/Zip: _____

In this document, the words "you" and "your" refer to **Taxpayer(s)**.
The words "us", "we" and "our" refer to the **Tax Preparer Firm**.

This **Notice** applies to the most recent tax return that Taxpayer(s) filed through us. If you elect to receive **Text Messages** to cellular phone numbers, you agree that we may send **Text Messages** via an automatic telephone dialing system through the cellular provider in order to deliver them to you.

1. **"Text Messages"** means any SMS/MMS message communication from us or on our behalf to any cellular phone numbers provided by you and concerning your tax filing relationship with us.

2. **"Account management messages"** include informational **Text Messages** such as payment reminders, account status, requests for updated information and inclement weather notices.

3. **"Marketing messages"** means **Text Messages** to the cellular numbers provided by you for the purpose of encouraging the purchase or use of our products and services including consumer loans, loan refinances and income tax preparation.

4. **OPT OUT.** You may **WITHDRAW YOUR CONSENT** to receive **Text Messages** by texting **STOP** to the text message you receive, or by calling us toll free at (855) 316-0010. Your stop request will become effective within five days. You may also revoke your consent verbally or in writing.

5. **For HELP on Text Messages.** To request additional information, text the word **HELP** to the text message you receive or call us toll free at (855) 316-0010.

6. **Updating Your Records.** You agree to provide us with an accurate and complete cellular telephone number. You also agree to notify us immediately of any change in phone number, or plan to provide the cellular phone to another person, or termination of the cellular phone services. You must update the cellular number(s) provided by you by calling the Branch Telephone Number provided in your tax folder, or by calling us toll free at (855) 316-0010. You further agree to indemnify, defend and hold us harmless from and against any and all claims, losses, liability, cost and expenses (including reasonable attorneys' fees) if you fail to provide to us notice of a change in the cellular phone number provided by you. Your obligations under this paragraph shall survive termination of the tax return preparation and filing.

7. **Hardware and Software Requirements.** To receive **Text Messages** from us, the following requirements must be met: an SMS/MMS-capable cellular phone; an active cellular phone account with a communication service provider that offers SMS/MMS services; and sufficient storage capacity on the cellular phone you provided.

8. **Privacy.** You acknowledge that **Text Messages** may be seen by anyone who has access to the cellular phone provided by you. You should take steps to safeguard the cellular phone if you want

TAXPAYER(S):

Name(s): _____

Address: _____

City: _____

State/Zip: _____

Text Messages to remain private. We shall not be liable for losses or damages arising from any disclosure of account information to third parties by the cellular provider or by a third party viewing the **Text Messages**.

9. **Charges.** We do not charge for sending you **Text Messages**. However, you are responsible for any message and data rates and charges associated with **Text Messages** that are imposed by the cellular provider. These charges will appear on the phone bill.

10. **Communications in Writing.** All **Text Messages** in electronic format shall be considered "in writing" to the extent allowed by law. You can request a paper copy of a record by calling the branch at the Branch Telephone Number provided to you in your tax folder.

11. **Modification or Termination.** We may modify or terminate our **Text Messages** to you at any time, for any reason, and without notice. You may also revoke your consent verbally or in writing.

I have read and understand the information outlined in this Notice or the information was explained to me by the branch employee listed below.

(a) I authorize the Tax Preparer Firm, or an entity on its behalf, to deliver or cause to be delivered to me at the cellular phone number(s) listed below via an automatic telephone dialing system Text Messages for my tax preparation and filing or other services with Tax Preparer Firm, and as explained in this Notice. *(Please indicate your preference regarding receiving Text Messages by checking the appropriate boxes and signing your name below.)*

CELL NUMBER(S): _____
Below you are indicating your opt-in or opt-out preferences for the cell phone number(s) you have provided, to the Tax Preparer Firm.

- ☐ I consent to receive Marketing Messages.
☐ I consent to receive Account Management Messages.
☐ I do not want to receive Text Messages.

(b) I understand that I am not required to sign this Consent (directly or indirectly) or required to agree to receive Text Messages as a condition of receiving tax return preparation and filing services.

Taxpayer Signature _____ **Date** _____

Taxpayer 2 Signature (if joint filers) _____ **Date** _____

I have explained the information above and answered any questions regarding Text Messages to the best of my knowledge.

Employee Signature _____ **Date** _____

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 \$35.

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 \$35 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 \$35.

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)