



PRIMARY TAXPAYER

First Name:		Last Name:		M.I.:	
S.S.N.:		Birth date:		Identity Theft PIN#:	
Home Phone:		Work Phone:		Cell Phone:	
Occupation:		Dependent on another return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone Carrier:	
Email Address:		Text Message:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Legally Blind?	
		Disabled?			
ID/DL Number:		State:		Issue Date:	
				Expiry Date:	

SPOUSE

First Name:		Last Name:		M.I.:	
S.S.N.:		Birth date:		Identity Theft PIN#:	
Home Phone:		Work Phone:		Cell Phone:	
Occupation:		Dependent on another return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone Carrier:	
Email Address:		Text Message:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Legally Blind?	
		Disabled?			
ID/DL Number:		State:		Issue Date:	
				Expiry Date:	

FILING STATUS

Filing Status (Select the Checkbox, which Status number applies)	Notes
<input type="checkbox"/> 1 = Single <input type="checkbox"/> 2 = Married Filing Joint <input type="checkbox"/> 3 = Married Filing Separate <input type="checkbox"/> 4 = Head of Household <input type="checkbox"/> 5 = Qualified Widow(er)	

Referred by (New Client only):		Referring Client:	
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ADDRESS

Street Address:		Apt. #:	
City:		State:	
		Zip Code:	
		County:	
Military Address Info: (1 = APO/FPO, 2 = Stateside, 3 = Foreign or Blank)		Combat Zone:	

BANK INFORMATION (for Direct Deposit into Taxpayers Personal Acct.)

Bank Name:		Account Type:	<input type="checkbox"/> Saving <input type="checkbox"/> Checking
Routing Number:		Account Number:	
Will this refund go to an account outside of the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DIGITAL ASSETS

At any time during the tax year., did you (a) receive (as a reward, award, or compensation); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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DEPENDENTS

First Name	Last Name	Birth Date	SSN	Relationship	# of Months

CHILD CARE PROVIDER INFORMATION

Name		SSN or EIN	
Address		Total Amount Paid \$	

PLEASE CHECK ATTACHED DOCUMENTS

- | | | | | | |
|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> ID* | <input type="checkbox"/> 1099-INT | <input type="checkbox"/> 1099C | <input type="checkbox"/> 1099-DIV | <input type="checkbox"/> Profit & Loss Statement | <input type="checkbox"/> K1 |
| <input type="checkbox"/> W2* | <input type="checkbox"/> W2G | <input type="checkbox"/> 1099-K | <input type="checkbox"/> 1099G | <input type="checkbox"/> Taxpayers Social Security Card* | <input type="checkbox"/> Dependents Birth Certificate* |
| <input type="checkbox"/> 1099-MISC | <input type="checkbox"/> 1095 | <input type="checkbox"/> 1098 | <input type="checkbox"/> 1099B | <input type="checkbox"/> Spouse Social Security Card* | <input type="checkbox"/> Investment Statements |
| <input type="checkbox"/> 1099R | <input type="checkbox"/> 1098E | <input type="checkbox"/> 1098-T | <input type="checkbox"/> 1099-NEC | <input type="checkbox"/> Dependents Social Security Cards* | <input type="checkbox"/> Others |

Gifts to Charity	Miles
Number of Miles driven to Volunteer Work with Charitable Organization	

Charitable Cash or Check Contributions	Amount

TAXPAYER QUESTIONNAIRE & DISCLOSURE / AGREEMENT

I/we further agree to pay any additional collection agency fees, down payments, tax preparation fees, court costs and reasonable attorney fees should my account be placed with your outside collection agency and/or law firm in order to collect the outstanding balance owed to National Insurance & Tax Service, Inc. under this Agreement.

The collection agency fee will be thirty-five (35) percent and will be based on the percentage of the balance of the debt being turned over to the collection agency at that time.

Additionally, I/we agree to pay simple interest at the rate of 1 ½ % per month on the outstanding principal balance of my account starting from the final date of service or final statement date whichever is most current.

If the phone number(s) I/we am providing include my cell number(s), I/we consent to receiving auto dialed or prerecorded message calls from your outside collection agency and/or law firm who may call when attempting to collect on any past due accounts your office has placed with them.

With the IRS removing the Debit Indicator (DI), there is a chance that a RAC/RT will not be refunded in full.

Some reasons for not getting a complete RT refund:

- IRS says you owe back taxes
- IRS says you have a current garnishment
- IRS is auditing your Earned Income Credit
- Earned Income Tax Credit (EITC) is claimed and an EITC qualifying child is a foster child
- You have an outstanding debt with any bank that provides RAC/RT

PLEASE NOTE - WE DO NOT HAVE ANY CONTROL OVER THE ABOVE REASONS!

Taxpayer Initial		Spouse Initial	
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I understand that all information I have provided on this form is true. If any of this information is incorrect, I understand that a formal letter will be sent if the refund is not paid in full. In addition, I understand that my refund may be provided to me in more than 1 check.

Taxpayer Signature:		Date:	
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Spouse Signature:		Date:	
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FOR OFFICE USE ONLY

Process Checklist (to be included in customer file)

- Make copies of form of ID and Social Security cards
- Interview sheet filled out
- One copy of tax return, W-2s and/or 1099 (Taxpayer & Spouse, if applicable) Signature on 8879/Pin # and Bank application