

Did **you** or your spouse incur any work related expenses that were not reimbursed? Yes No
Did **you** make charitable contributions? Yes No
Did **you** or your spouse have any medical expenses or pay for health insurance? Yes No
Did **you** or your spouse pay alimony? Yes No

If yes, Recipient's Name: _____ SS#: _____ - _____ - _____

Did **you** or your spouse pay any home or timeshare interest? Yes No
Was a portion of your home used exclusively for business? Yes No

Home Rental payments per month \$ _____

Do You Have Medical Insurance? (Circle one) COVERED FULL YEAR - NO INSURANCE - MARKETPLACE Date: _____

Interested in Affordable/Guaranteed Life Insurance? (Circle Please) YES or NO A representative will contact you soon

REFUND OPTIONS/DIRECT DEPOSIT INFO

How do you want to receive your refund?

RT Direct Deposit into checking or savings (10-21 days) **No \$ out of pocket** (Tax Preparer's Fees and Bank Fee will be deducted from refund)

RT Check (10-21 days) **No \$ out of pocket** Client picks up check from office (Tax Preparer's Fees and Bank Fee will be deducted from refund)

Check mailed to home or PO Box (5-7 weeks) ****Client pays Tax Preparation Fees upfront...NO Bank Fees**

IRS Direct Deposit into checking or savings (10-21days) ****Client pays Tax Preparation Fees upfront...NO Bank Fees**

Bank Name: _____ Routing # _____ Account# _____

Method of Payment (Fill this payment portion out if this sheet is being faxed in)

Please Circle: **VISA** **MASTERCARD** **DISCOVER** **PERSONAL CHECK #** _____

CARD # _____ Exp. Date _____ CSC# _____

By signing below, under penalties of perjury and to the best of my knowledge, I declare the information I have provided to my tax preparer is true, correct and complete.

Taxpayer Signature: _____ Date _____

Driver's License or State ID# _____ Issued Date: ____/____/____

Exp Date: ____/____/____

(over)