YOUR TAX LADIE Personal Tax Prep Information Sheet

PERSONAL INFORMATION:	
Name:	Filing Status:
Social:	Filing Status: Birthday: / /
Address:	
Phone: ()	Occupation
Email:	
Facebook:	
SPOUSE INFORMATION:	
Name:	
Social:	Birthday:/
Phone: (
DEPENDENT INFORMATION:	
Name:	
Social:	Birthday://
Relation:	
DEPENDENT INFORMATION:	
Name:	
Social:	Birthday://
	Months in Home:
	
DEPENDENT INFORMATION:	
Name:	
Social:	Birthday://
Relation:	Months in Home:
DEPENDENT INFORMATION:	
Name:	
Social:	Birthday:/
Relation:	Months in Home:

TAX RETURN DUE DILIGENCE COMPLIANCE 2018

1.	Can anyone else claim your dependent as a dependent on their return? Yes No		
	If yes. Please explain:		
2.	Were any of the dependents you took care of permanently disabled? Yes No		
3.	 Did you provide more than half of the support for dependent in 2018? Yes No Did your dependent/dependents live in another household more than 6 months, and/or someone el provided more than 50% of their support in 2018? Yes No If yes, please explain: 		
4.			
	Are you married? Yes No If yes. Are you separated? Yes No Did you live with your Spouse for the last 6 months of the year? Yes No		
7.	Did you pay over 50% of the cost of maintaining your household in 2018? Yes No		
8.	Did you receive any type of governmental assistance support in 2018? Yes No Such as: Food Stamps Housing Assistance Childcare		
9.	Was your Earned Income Credit disallowed in 2018? Yes No If yes. Please explain:		
10	. Do you have any investments income? Yes No		
11	Do you have any Self Employment income? Yes No If yes. Please ask a Representative for a Self-Employment Worksheet.		
here	by certify that all information disclosed here is complete and accurate to the best of my knowledge.		
Client	Signature: Date:		

How do you wish to receive your REFUND?			
(Initial Below)			
ADVANCE (No Interest) LOAN (With Interest)			
OFFICE CHECK PREPAID CC			
DIRECT DEPOSIT (must attach voided check)			
IRS CHECK* IRS DIRECT DEPOSIT* (must pay fees up	front*)		
*must pay tax prep fees upfront; must attach bank document for any direct deposits			
Mother's maiden name			
Other Services	/NI)		
Are you interested in a program to help eliminate debt and rebuild credit? (Y)	(N)		
Do you have or want to start a business? (Y) (N)			
How did you hear about us?			
o Sign			
FlyerReferral:			
o Church:			
 Ace Cash Express 			
Sign ThrowerOther:			
o Walk – In			
Please sign (or type name):			

Name:_____

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

	nees, shall be referred to as ("we," "us" and "our")
(Printed name of Tax Preparer)	
Federal law requires this consent form be provided to you ("you" refeauthorized by law, we ("we" cannot disclose your tax return informat preparation and filing of your tax return without your consent. If you information, Federal law may not protect your tax return information	tion to third parties for purposes other than the consent to the disclosure of your tax return
You are not required to complete this form to engage our tax preparation form by conditioning our services on your consent, your consent will tax return information, your consent is valid for the amount of time to of your consent, your consent is valid for one year from the date of the	not be valid. If you agree to the disclosure of your hat you specify. If you do not specify the duration
You have indicated that you are interested in receiving an Electronic I "Products or Service") from EPS Financial, a division of MetaBank. In of for one of these Products or Services, we must disclose all of your 202 the request to EPS Financial. If you request a more limited disclosure to submit an application request for these Products or Services. If you information for this purpose, please sign and date your consent to the	order to provide you with the opportunity to apply 18 tax return information necessary for evaluating of tax return information, you will not be eligible I would like us to disclose your 2018 tax return
By signing below, you authorize us to disclose to the EPS Financial all the evaluation and processing of your request for a Product or Service authorize the disclosure and sharing of your tax return information w Product or Service, but you may still choose to have your tax return p	e. You understand that if you are unwilling to ith EPS Financial, you will not be able to obtain a
Printed Name of Taxpayer:	
Taxpayer Signature:	
Printed Name of Joint Taxpayer:	
Joint Taxpayer Signature:	Date:

CONSENT TO USE OF TAX RETURN INFORMATION

	(WE, US, & OUR)	
Printed name of tax preparer		
Federal law requires this consent form to be provided to you ("you" refers to each tax payer, if more than one). Unless authorized by law, we cannot use your return information for purposes other than the preparation and filling of your to return without your consent.		
You are not required to complete this form to engage our tax return on this form by conditioning our tax return preparation services on consent is valid for the amount of time that you specify. If you do not is valid for one year from the date of signature.	your consent, your consent will not be valid. Your	
If you do not consent, then you may still have your tax return prepare	ared and electronically filed by us for a fee.	
For your convenience, we have entered into arrangements with a third party to provide qualifying taxpayers with the opportunity to apply for financial products ("Loan, Electronic Refund Check, or Electronic Refund Deposit"). To determine whether these products 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 while we are preparing your return, please sign and date this conse	e whether these products may be available to you nt to the use of your tax return information.	
By signing below, you (including each of you if there is more than or provide to us during the preparation of your 2018 tax return to dete to apply for these products and services.	ne tax payer) authorize us to use the information you	
Printed Name of Tax Payer		
Tax Payer Signature		
Printed Name of Joint Tax Payer		
Joint Tax Payer Signature	Date	