

### **CONSENT TO PREPARE TAX RETURN**

I,, have authorized SAAV (STPS) and any authorized representative of the company to prepare my/our return(s). The company claims no responsibility for the return(s) other than accuracy of the return(s) will be related to the company. The information recompliance with the rules and regulations of the INTERNAL REVENUE SERVICE.	r federal, state and/or local tax preparing the said return(s). The
I agree to electronically sign all documents that may require a signature to cobank application.	omplete my tax return including the
Two forms of identification such as a social security card or a form of picture the preparer during service. We will use your check stub information for ESTI office with the appropriate documents such as a W-2, 1099, 1098, childcare information, mortgage information and any other required documents that filed to the IRS. We will supply you with a digital/paper copy of your tax retu secure place once in your possession. Additional copies are available upon re-	IMATES ONLY. You must provide our information, college/tuition t will allow your tax return to be e-
In the event of an electronic filed tax return refund, STPS makes no claim or a refund dates. After electronic transmission, any delays caused by the IRS, Bar agencies involved are not the responsibility of STPS.	guarantees concerning expected nk(s) and/or any other government
By signing this consent agreement, you have agreed to fully compensate and return(s). When payment of services are rendered, it is to be electronically detaxpayer(s) is/are fully responsible for any unpaid balance. Any outstanding be time the services are rendered. The taxpayer(s) will be responsible for all fees fees, attorney fees, damages, court cost and interest that may incur by STPS is have the right to report to any Credit Reporting Agency using any information	educted from your refund; the palance must be paid in full during the sand expenses, including collection in collecting the uppaid debt. STRS will
TAXPAYER:	LAST FOUR SSN:
SPOUSE:	LAST FOUR SSN:
	4-4



### 20 CLIENT CONFIDENTIAL PROFILE

		PREPARER'S NAME  REFERRED BY				
	WALK-IN (Please Circle One) YES NO					
	L				Company of the Compan	
				Day of the second		
TAX PAYER INFO	DRMATION					
			DC	DOD		
NAME			EMAIL			
CCUPATION		ARE YOU	(Please Circle One)	A DEPENDENT D	DISABLED BLIND	
OME PHONE			CELL PHONE			
DENTIFICATION/DRI	VER'S LICENSE NUMB	ER	STATE	ISSUE DATE	EXPIRATION DATE	
	MATION					
TREET ADDRESS	MATION		STATE		ZIP	
TREET ADDRESS		2)	STATE		ZIP	
TREET ADDRESS	Please Circle One MARRIED FILIT JOINTLY		STATE  MARRIED FILING SEPARATELY	HEAD OF HOUSEHO		
ITY  ILING STATUS ( SINGLE	Please Circle One MARRIED FILIT JOINTLY		MARRIED FILING	HEAD OF HOUSEHO		
ILING STATUS ( SINGLE  POUSE INFORM	Please Circle One MARRIED FILIT JOINTLY		MARRIED FILING	HEAD OF HOUSEHO		
ILING STATUS ( SINGLE  POUSE INFORM	Please Circle One MARRIED FILIT JOINTLY	NG	MARRIED FILING SEPARATELY	HEAD OF HOUSEHO	DLD WIDOW(ER)	
ILING STATUS ( SINGLE  POUSE INFORM SIN	Please Circle One MARRIED FILIT JOINTLY	NG	MARRIED FILING SEPARATELY DOB		DLD WIDOW(ER)	
	Please Circle One MARRIED FILIT JOINTLY	ARE YOU (F	MARRIED FILING SEPARATELY  DOB		DOD WIDOW(ER)	

	1 <sup>ST</sup> DEPENDENT		2 <sup>ND</sup> DEP	2 <sup>ND</sup> DEPENDENT		3 <sup>RD</sup> DEPENDENT		4 <sup>TH</sup> DEPENDENT	
NAME									
DOB				H 5		=			2
SSN									
NUMBER OF MONTHS LIVED WITH YOU									
DISABLED	YES I	NO	YES	NO		YES	NO	YES	NO
•			1					L	
DEDUCTIONS INFORM	MATION (	List The	Amounts	For Al	l That .	Apply)			
STUDENT LOAN INTEREST	\$	НО	ME MORTGAG	GE	\$	ı	MOVING EXPE		\$
COLLEGE TUITION/ FEES	\$	MEDIC	CAL/DENTAL/V EXPENSES	ISION	\$	DONATION CONTRIBUTI			\$
CASUALTY LOSSES IN DISASTER AREAS	\$	EDUC	ATOR'S EXPE	NSESE	\$		GAMBLING		\$
BANKING INFORMATI	ION (Com	plete O	nly If Requ	estin	g Direc	t Depo	osit)		
BANK							(0		1
ROUTING NUMBER			T	ACCOL	(Plea:	se Circle MBER	One) SAVIN	IGS CHE	ECKING
	***************************************								
DISCLAIMER AND SIG	NATURE	List The	e Amounts	For A	ll That	Annly	)		
I/WE CERTIFY THAT MY/OU	R ANSWERS	ARE TRU	E AND COMP	LETE TO	O THE BE	EST OF O	/ OUR KNOWLED	OGF.	
TAXPAYER	100 C 115	years d	***************************************			DAT			
SPOUSE	DATE			ΓE					
	-			***************************************					Met standard

DEPENDENT(S) INFORMATION

1<sup>ST</sup> DEPENDENT



TAXPAYER

#### **FILING STATUS QUESTIONNAIRE**

DATE

1. DID YOU PAY MORE THAN HALF THE MORTGAGE/RENT, UTILITIES, FOOD, ETC. FOR THE HOUSEHOLD IN WHICH YOU AND YOUR CHILD/REN LIVED?
2. ARE YOU MARRIED BUT LIVING APART FROM YOUR SPOUSE?
3. ARE YOU STILL MARRIED AND DO YOU HAVE A LEGAL SEPARATION?
4. WHEN DID YOU MOVE INTO A SEPARATE HOME?
5. WILL YOU FILE A JOINT RETURN WITH YOUR SPOUSE?
6. CAN YOU PROVIDE DOCUMENTATION VERIFYING THAT YOU LIVED APART FROM YOUR SPOUSE (LEASE/MORTGAGE AGREEMENT, PROPERTY DEED, UTILITY BILL, ETC.) IF REQUESTED BY THE IRS?
7. CAN YOU PROVIDE DOCUMENTATION VERIFYING THAT YOU MAINTAINED MORE THAN HALF THE COST OF THE HOMI (RENT RECEIPTS, PROPERTY TAX BILL, UTILITY BILL, GROCERY RECEIPTS, ETC.) IF REQUESTED BY THE IRS?
8. ADDITIONAL QUESTIONS (FOR TAX PREPARERS ONLY)
DISCLAIMED AND SIGNATURE (V)
DISCLAIMER AND SIGNATURE (List The Amounts For All That Apply)

I/WE CERTIFY THAT MY/OUR ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF OUR KNOWLEDGE.



## EARNED INCOME TAX CREDIT QUESTIONNAIRE

The IRS continues to Intensify its efforts to verify Earned Income Tax Credit (EIC) and the Additional Child Tax Credit claims and is holding tax preparers responsible for exercising "DUE DILIGENCE" in preparing such tax returns. Failure to make sufficient inquiries subjects a tax preparer to fines and penalties. Therefore, we will need the following information from you in order to claim a Earned Income Credit. THIS INFORMATION IS REQUIRED. NO EXCEPTIONS.

1.	WITH WHOM DID YOUR CHILD/REN LIVE WITH?				
2.	HOW MANY MONTHS OF THE YEAR DID YOUR CHILD/REN LIVE WITH YOU?				
3.	HOW MANY BEDROOMS ARE IN THE HOME YOU & YOUR CHILD/REN RESIDE IN?				
4.	HOW DID YOU PAY FOR YOUR MORTGAGE/RENT, UTILITIES, FOOD, ETC.?				
5.	DID ANYONE PROVIDE FINANCIAL SUPPORT FOR YOUR OR YOUR CHILD/REN? YES NO				
6.	WHO PROVIDED THE FINANCIAL SUPPORT?  HOW MUCH DID YOU RECEIVE?				
7.	DID YOU PAY CHILD SUPPORT? YES NO HOW MUCH DID YOU PAY?				
V6	NA ARE A CINCLE MANE WITH DEPENDENTS				
And the same	WHERE WAS YOUR CHILD/REN'S MOTHER?				
2.	WHY ISN'T THE MOTHER NOT CLAIMING YOUR CHILD/REN?				
3.	WHO WATCHED YOUR CHILD/REN WHILE YOU WERE AT WORK?				
4.	DID YOU HAVE DAYCARE EXPENSES? YES NO HOW MUCH DID YOU PAY?				
THE	ER DEPENDENT QUESTIONS				
1.	IS THERE A RELEASE/REVOCATION OF RELEASE OF CLAIM TO EXEMPTION FOR CHILD/REN BY CUSTODIAL PAREN (IRS FORM 8332) IN EFFECT? YES NO				
2.	DID YOU RECEIVE ANY GOVERNMENT FINANCIAL ASSISTANCE FOR YOUR CHILD/REN?  YES NO IF SO, CIRLCE ALL THAT APPLY				
	SOCIAL SECURITY BENEFITS FOOD STAMPS CASH BENEFITS SECTION-8				
3.	IF CLAIMING A DISABLED DEPENDENT, WILL THE DISABILITY LAST FOR MORE THAN ONE YEAR? YES NO IF YES, PLEASE LIST THE TYPE OF DISABILITY YOUR DEPENDENT HAS:				
4.	DID ANY OTHER ADULT LIVE IN THE SAME HOUSEHOLD AS YOUR CHILD/REN? YES NO IF SO, WHO?				
5.	DID YOUR CHILD/REN ATTEND SCHOOL? YES NO				
6.	DO YOU HAVE SCHOOL/DAYCARE RECORDS FOR EACH CHILD AS EVIDENCE OF ATTENDANCE FROM YOUR ADDRESS? YES NO				

Scanned with CamScanner

7	
1.	IF NOT THE CHILD/REN'S BIOLOGICAL PARENT(S), ARE YOU BLOOD RELATED? YES NO IF YES, HOW ARE YOU RELATED?
8	CAN A NONCUSTORIAL PARENT OF COMME
0.	CAN A NONCUSTODIAL PARENT OR ANYONE ELSE CLAIM A CHILD TAX CREDIT FOR THE CHILD/REN? YES NO IF YES, WHO?
9.	THE AGE OF YOUR DEPENDENT IS INCONSISTENT WITH THE NORM, ARE YOU RELATED BY MARRIAGE? YES NO
	IF NO, HOW ARE YOUR RELATED TO YOUR DEPENDENT?
10.	DID ANY OF YOUR DEPENDENT PROVIDE MORE THAN HALF OF HIS/HER OWN FINANCIAL SUPPORT? YES NO
11.	ADDITIONAL QUESTIONS (FOR TAX PREPARERS ONLY)
DISCLA	AIMER AND SIGNATURE (List The Amounts For All That Apply)
I/WE CE	ERTIFY THAT MY/OUR ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF OUR KNOWLEDGE.
TAXPAY	ER DATE

Scanned with CamScanner

DATE



### SELF-EMPLOYED QUESTIONNAIRE

1. WHAT RECORDS DO YOU HAVE TO SUPPORT THE INCOME YOU RECEIVED FROM YOUR BUSINESS?
2. HOW MUCH DO YOU CHARGE FOR YOUR
2. HOW MUCH DO YOU CHARGE FOR YOUR SERVICES?
3. HOW MANY CLIENTS DO YOU HAVE?
4. WHO MAINTAINS THE BUSINESS RECORDS FOR YOUR BUSINESS?
5. DO YOU HAVE SEPARATE BANKING ACCOUNTS FOR PERSONAL AND BUSINESS TRACTIONS?
6. HOW MANY HOURS PER WEEK DOES THE BUSINESS OPERATE?
7. ADDITIONAL QUESTIONS <i>(FOR TAX PREPARERS ONLY)</i>

DISCLAIMER AND SIGNATURE (List	The Amounts For All That Apply)	
	TRUE AND COMPLETE TO THE BEST OF OUR KNOWLEDGE.	
TAXPAYER	DATE	



# AMERICAN OPPORTUNITY TAX CREDIT QUESTIONNAIRE

The IRS continues to intensify its efforts to verify the American Opportunity Tax Credit (AOTC) claims and is holding tax preparers responsible for exercising "DUE DILIGENCE" in preparing such tax returns. Failure to make sufficient Inquiries subjects a tax preparer to fines and penalties. Therefore, we will need the following information from you in order to claim a Earned Income Credit. THIS INFORMATION IS REQUIRED, NO EXCEPTIONS.

	1. DID YOU RECEIVE A 1098-T FORM?
	2. HOW MANY YEARS HAVE YOU (OR THE STUDENT) CLAIMED AN EDUCATION CREDIT, EITHER THE AOTC OR THE HOPE CREDIT, FOR THIS STUDENT?
6	3. HOW MANY ACADEMIC TERMS DID THE STUDENT ATTEND SCHOOL DURING THE TAX YEAR?
1.4	4. IS THE STUDENT AN UNDERGRADUATE?
	5. IS THE STUDENT ENROLLED IN A PROGRAM THAT WILL RESULT IN A DEGREE OR ANOTHER PROFESSIONAL CREDENTIAL?
	6. WHAT IS THE AMOUNT OF THE EDUCATIONAL EXPENSES PAID DURING THIS TAX YEAR?
•	7. DO YOU HAVE DOCUMENTATION TO SURPPORT THE EXPENSES PAID?
	8. ADDITIONAL QUESTIONS <i>(FOR TAX PREPARERS ONLY)</i>
a constant	

DISCLAIMER AND SIGNATURE (List The A	mounts For All That Apply)
I/WE CERTIFY THAT MY/OUR ANSWERS ARE TRUE A	ND COMPLETE TO THE BEST OF OUR KNOWLEDGE.
TAXPAYER	DATE
	41 B A 47 S D S D A 47 S D A 4