7216 CONSENT TO USE AND DISCLOSER OF THE TAX RETURN

____ ("We", "Us", and "Our") Name of tax preparer

Federal law requires this consent form to be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use or disclose your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. Because our ability to disclose your tax return information to another institution affects the service(s) that we provide to you and its (their) cost, we may decline to provide you with the tax return preparation services or change the terms (including the cost) of the tax return preparation services that we provide to you. 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.

In order to process your return, we must disclose all your 2022 tax return information to National Tax Office, LLC that we partner with in order to provide certain services.

For your convenience, we have entered into agreements with a bank to provide qualifying taxpayers with the opportunity to apply for a (bank product) Refund Transfer (RT) and/or Loan via Electronic Refund Check or Electronic Refund Deposit. In order to provide you with the opportunity to apply for one of these Products or Services, we must disclose all of your 2022 tax return information to our partnered financial institution.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to disclose to National Tax Office, LLC, and financial institution we partnered with all your 2022 tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to use the information you provided to us during the preparation of your 2022 tax return to determine whether to present you with the opportunity to apply for a bank product (described above) and services.

Name of Taxpayer ____

Taxpayer Signature ____________________________________ Date __________________

Name of joint Taxpayer ____

Joint Taxpayer Signature ________________________________ 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 1.800.336.4484, or by e-mail at complaints@tigta.treas.gov

Tax Intake Form

TAXPAYER

Social Security Number: _____ _____ _____ - _____ _____ - _____ _____ _____ _____

First Name: ____________________________ MI: __________ Last Name: ________________________

Date of Birth: ______________________________ Date of Death: _____________________________________

Work Phone: _______________________________ Cell/Other Phone: __________________________________

Occupation: ___________________________ Email: ____

Legally Blind? Yes ________NO________ Dependent of Other? Yes ________NO________

SPOUSE

Social Security Number: _____ _____ _____ - _____ _____ - _____ _____ _____ _____

First Name: ____________________________ MI: __________ Last Name: ________________________

Date of Birth: ______________________________ Date of Death: _____________________________________

Work Phone: _______________________________ Cell/Other Phone: __________________________________

Occupation: ___________________________ Email: ____

Legally Blind? Yes ________NO________ Dependent of Other? Yes ________NO________

FILING STATUS

Single: __________

Married Filing Joint: __________

Married Filing Separately: _________

Head of Household: __________

Qualifying Widower: __________

ADDRESS

Street & Apt. No. _____________________________

City: __________________________________

State: _____________ Zip: _________________

County: ____________________________________

DEPENDENTS

First, Middle initial, Last Name D.O.B Social Security Number Relationship

__________________________	_______________	______________________	_______________
__________________________	_______________	______________________	_______________
__________________________	_______________	______________________	_______________
__________________________	_______________	______________________	_______________

For Office use only – Compliance check list

Please make sure to collect, scan and upload all the listed item below to software

- **Client Intake Form** *(Please up load ALL the forms provided in the booklet)*
- **Tax Client Photo ID** *(Readable) (For every taxpayer listed on tax return)*
- **Copy of Social Security Cards**
- **Copy of Income** *(W-2, 1099, Crypto income and all the other income documentation provided)*
- **Copy of any supporting documents pertaining to tax return** *(Any documents the taxpayer gives you scan and upload them)*

Tax Preparer Name: ____ Date: _________________

Refund Type

How do you want your refund? (Check one of the following)

- 7-14 days (RT Refund Transfer: Check)
    - ☐ In about 7-14 days from the date your return is accepted electronically by the IRS, you receive a check for the amount your refund less filing fees. (Check will be available in our office)
- 7-14 days (RT Refund Transfer: Debit Card)
    - ☐ In about 7-14 days from the date your refund is accepted electronically by the IRS, for the amount your refund less filing fees will be deposited onto the debit card we issued you.
- 7-14 days (RT Refund Transfer: Direct Deposit)
    - ☐ In about 7-14 days from the date your refund is accepted electronically by the IRS, for the amount your refund less filing fees will be deposited into your bank account.

Cash Advance option (Check one of the following)

*The loan offered based on your expected tax refund **to up to $6000**. Some loans are interest bearing loan, and will have an annual APR. Please confirm the interest rates with your preparer.

- Apply for Cash Advance (RT Refund Transfer)
    - ☐ YES
    - ☐ NO

The Following products require fees paid at the time of the service

- E-file: Direct Deposit
    - Your refund will be deposited into your savings or checking account directly from IRS approximately 10-14 days after your return is accepted by IRS.
- 3-4 Weeks (E-file: Check)
    - Your refund will be mailed to you directly from IRS in approximately 3-4- weeks after your return is accepted electronically by the IRS.
- Mail a paper return
    - Your refund will be mailed to you directly from IRS in approximately 6-8- weeks after your mail your return to the IRS.

Signature: ____Date: ________________

*All times are estimated because the IRS no longer publishes the refund cycle chart. If you claim the EITC Or AOTC on your tax return, the IRS cannot issue your refund before mid-February.

Tax Client Photo ID and Voided Check – Required!

Taxpayer Name - ____

Taxpayer SSN - _____ _____ _____ - _____ ______ - _____ _____ _____ _____

PHOTO ID #1 –Required

1 Other Form of ID – Required

Spouse Name - ____

Spouse SSN - _____ _____ _____ - _____ ______ - _____ _____ _____ _____

PHOTO ID #1 –Required

1 Other Form of ID – Required

Place Voided Check Here
(only if you selected Direct deposit on page – 3)

I hereby authorize the use of this identification above to electronically file my federal tax return according to IRS publication 1345

Taxpayer Signature: ______________________________ Date: ________________

Spouse Signature: ______________________________ Date: ________________

Due Diligence Questionnaire

How many people live with you? _____ How many: Adults _____ Children _____
List Relationships: ____

Does anyone above make more than you? Yes _____ No _____
If Yes, How much? _________________ Are expenses shared? (groceries, rent, insurance, etc.) Yes _____ No_____

Is the taxpayer, spouse or depended(s) can be claim as qualifying child on any other tax return? Yes ____ No ____
If Yes, who? ____

Did anyone help support you during the year? _____ Yes _____ No
If yes, who? ______________________________________ How much? $ ___________

In the case of audit can you prove financial responsibility and residency for any of the Dependents being claimed?
Which document(s) can you provide? (i.e. copy of lease, medical records, school records, food stamps or benefit statements)

____
____
____

Are any of the dependents being claimed NOT your Son or Daughter? _____ Yes _____ No
If Yes, why are the parents not claiming the child? (Please explain and list the child's name(s) if more than one listed on the return)

____
____
____

Were any of the credits disallowed or reduced in a previous year? _____Yes _____ No
If yes, please explain

____
____
____

Did you have any other income during the year? (Child support, alimony) _____ Yes _____ No
If yes, please specify ____
____
____
____

Other comments:

____
____
____
____

Client Signature ____ Date: ___________

By signing above, I hereby certify the information given above is true and accurate to the best of my knowledge and can provide proof upon request.

Schedule – C – Form

Fill out COMPLETLEY or mark "N/A". DO NOT leave blank. Use a separate worksheet for EACH SCH - C
***Please Note: If possible, it is preferred a bank statements, P&L and balance sheet be provided by the client. If available, write "see next page" below and stuck under this page. If NOT AVAILABLE, please use the input sheet below. You may be required to provide proof of all income & expenses claimed below.*

Business Info: (Required for all) Taxpayer: _____ **or** Spouse: _____
Name of Business (If any): ________________________________
Address of Business: ________________________________
Business EIN (If any): _____ _____ - _____ _____ _____ _____ _____ _____ _____
Date Business Started: ____________________
Did you materially participate in the business? YES: _____

Income Questions: (Required if no P&L or Trial Balance Available)

Total Sales: $____________________

Other Income: $____________________

General Expenses: (Required if no P&L or Trial Balance Available)

Advertising:	$______________	Repair & Maintenance:	$______________
Auto Expense:	$______________	Supplies:	$______________
Commissions:	$______________	Taxes & Licenses:	$______________
Contract Labor	$______________	Travel:	$______________
Depletion	$______________	Meals (Total):	$______________
Employee Benefit Program:	$______________	Utilities:	$______________
Insurance (other than health):	$______________	other:	
Interest:	$______________	____________________	$______________
a) Mortgage:	$______________	____________________	$______________
b) Other:	$______________	____________________	$______________
Legal & Professional:	$______________	____________________	$______________
Office Expense:	$______________	____________________	$______________
Pension & Profit Sharing:	$______________	____________________	$______________
Rent or Lease:	$______________	____________________	$______________
a) Vehicles:	$______________	____________________	$______________
b) Machinery:	$______________	____________________	$______________
c) Other:	$______________	____________________	$______________

Total Expenses: $__________________________

Total Income – Total Expenses = $____________ Net Income

(Please attach any other supporting document(s) if available)

Client Signature: ____ Date: ______________

By signing above, I hereby certify the information given above is true and accurate to the best of my knowledge and can provide proof upon request.

Dependent Care Form

Taxpayer SSN: _____ _____ _____ - _____ _____ - _____ _____ _____ _____

Taxpayer Name: ____

STANDARD DEPENDANTS

1. Name of child: ____
   SSN: _____ _____ _____ - _____ _____ - _____ _____ _____ _____
   Daycare or provider Name: ____
   FEIN (or social of caregiver): _____ _____ _____ - _____ _____ - _____ _____ _____ _____
   Total amount paid $___________________

2. Name of child: ____
   SSN: _____ _____ ______ - _____ _____ - _____ _____ _____ _____
   Daycare or provider Name____
   FEIN (or social of caregiver): _____ _____ _____ - _____ _____ - _____ _____ _____ _____
   Total amount paid $___________________

3. Name of child: ____
   SSN: _____ _____ _____ - _____ _____ - _____ _____ _____ _____
   Daycare or provider Name________________________________
   FEIN (or social of caregiver): _____ _____ _____ - _____ _____ - _____ _____ _____ _____
   Total amount paid $___________________

4. Name of child: ____
   SSN: _____ _____ _____ - _____ _____ - _____ _____ _____ _____
   Daycare or provider Name: ________________________________
   FEIN (or social of caregiver): _____ _____ _____ - _____ _____ - _____ _____ _____ _____
   Total amount paid $___________________

NON-STANDARD DEPENDENTS (Grandchild, niece, nephew, stepchild, foster child, etc.):
Name of child ____
Why aren't parents claiming child? ____
How long has child lived with you? ___________ did parent send fund to help support child? **Y / N**
Do you have: Court documentation of custody? **Y / N**
Document proving relationship to child? **Y / N**

ADULT DEPENDANTS
Who is the dependent? ____
Where do they live? ____
Is dependent disabled? **Y / N**
Why are they not filing their own return? ____
Can anyone else claim this dependent? **Y / N**

Client Signature ____ Date: ___________________

By signing above, I hereby certify the information given above is true and accurate to the best of my knowledge and can provide proof upon request.

Student Acknowledgment Form

I, ____was a student during the 20_____ school year, and attended____. I certify that all of the information found on this form is true and to the best of my knowledge. I understand it is my responsibility to have all valid documents and or receipts, as required to apply for any type of school credit. Below is a recap of all information, status, and expenses I have encountered.

My scholar status:

( ) Full Time Student

( ) Part Time Student

PLEASE PROVIDE a 1098-T Form

Below are my total educational expenses:

Books: $_________________

Supplies (On campus): $___________________

Supplies (Off campus): $ ___________________

Other expenses: $___________________

Total: $__________________

By signing below I certify all information is true, valid, and to the best of my knowledge. I accept full responsibility of the statements mentioned above. Any and all disputes regarding this matter shall be forwarded to me with the information found on my tax returns forms.

Name First/Last Name printed: ____ Date: ________________

Schedule - A – Information

MEDICAL EXPENSES **(Current Year)**

Medical & Dental Expenses $______________
Medical Insurance Premiums Paid (Other than Social Security Medicare Payments) $______________
Long Term care Premiums $______________
Prescription Drugs & Medications $______________
Medical Miles Driven: January 1 to June 30: _____________ July 1 to December 31: ______________

TAX EXPENSES **(Current Year)**

State & Local Income Taxes Paid (Other than those on W-2's, 1099's, etc.) $______________
Prior year Income Taxes paid in current year $______________
Real Estate Taxes $______________
Personal Property Taxes $______________
Other taxes:
______________________________ $______________
______________________________ $______________
Qualified New Vehicle Taxes $______________
Additional State/ Local Taxes $______________

INTEREST EXPENSE **(Current Year)**

Home Mortgage Interest reported on Form 1098 $______________
Home Mortgage Interest paid to others $______________
Refinancing Points Paid in 2017 $______________
Investment Interest (other than K-1) $______________

CONTRIBUTIONS **(Current Year)**

Cash Contributions (If over $500 please provide detailed list) $______________
Non Cash Contributions (If over $500 please provide detailed list) $______________
Volunteer Mileage Driven ______________

Miscellaneous **(Current Year)**

Unreimbursed Business Expenses $______________
Union Dues $______________
Tax Prep Fees (Paid for Previous Return) $______________
Safe Deposit Rental $______________
Investment Expenses (Other than K-1) $______________
Gambling Losses (Due to extent of winnings) $______________
Other Expenses:
____________________________________ $______________
____________________________________ $______________

CASUALTY & THEFT LOSSES

If you had any casualty or theft losses during the year, please provide detail below, including date, description, amount of casualty or loss, any insurance reimbursement & basis in the property.

____

____

Client Signature ____Date: __________________

By signing above, I hereby certify the information given above is true and accurate to the best of my knowledge and can provide proof upon request.