SET FREE TAX & PROFESSIONAL SERVICES CLIENT INTAKE SHEET

COPIES OF ID/DL, SOCIAL SECURITY CARD, BIRTH CERTIFICATE, AND SHOT/SCHOOL VERIFICATION FORM ARE REQUIRED FOR FILING EARNED INCOME CREDIT-ANY MISSING DOCS REQUIRE A NOTARIZED STATEMENT

NO EXCEPTIONS

Primary Name	SSN
Birth DateOccupation	
Email Address	Phone
	InitCity, State, Zip
	SSN
Birth DateOccupation	
Email Address	Phone
Addressu	InitCity, State, Zip
Are you a dependent of another? Yes No	Are you active duty Military? Yes No
Did you attend college last Year? Yes No If ye	, have you already claimed the American Opportunity
Credit?	Are you self employed? Yes No
-	e? Yes No If Yes, please attached your tax form
1095-A If no, please attach 1095-B or C as mand	aled by the IRS to file your taxes.

If you do not have it, your taxes may be delayed by the IRS and penalties may be assessed if you do not meet EXCLUSION CRITERIAS

DEPENDENTS must qualify under IRS regulations

					Months in
First Name	Last Name	SSN	Relationship	DOB	Home

What school do your children attend?_____

Do you pay child care Expenses? Yes	No	Are any of your dependents disabled? Yes	No
Attach proof of supporting information	n in ord	er to claim it on your taxes per IRS Regulation	s

Child Care Provider Information (Note: This information is required for each provider)

1.	SSN/EIN	Provider's Name	
	Address	City, State, Zip	
	Annual Amount Paid \$	Providers Phone Number	
2.	SSN/EIN	Provider's Name	
	Address	City, State, Zip	
	Annual Amount Paid \$	Providers Phone Number	

Do you have a child in college? Yes No If so, what are the annual expenses \$ Do you have any delinquent Student Loan Debt? Yes No Do you have any owed taxes? Yes No

Do you have any past due child support or debts? Yes No

PAYMENT OPTIONS

PAY UPFRONT FEE TODAY \$ IRS will take up to 21 days to issue check or deposit electronic funds. No fees will be debited from your refund amount.

REFUND BANK PRODUCT OPTIONS (PAY LATER-FEES TAKEN OUT OF TAX REFUND CHECK) average 10-14 day REFUND TRANSFER can take up to 21 days

- CHECK OR DEBIT CARD TO PICK UP IN THE OFFICE or EXPRESS MAIL
- DIRECT DEPOSIT BANK NAME______

Routing #_____ Account #_____

RAPID ADVANCE REFUND BANK PRODUCT OPTIONS (PAY LATER-FEES TAKEN OUT OF TAX REFUND CHECK) Based on qualifying for \$250 up to \$6,000 within 24-48 hours

- \circ $\;$ CHECK OR DEBIT CARD TO PICK UP IN THE OFFICE OR EXPRESS MAIL
- DIRECT DEPOSIT BANK NAME______

Routing #_____ Account #_____

Under penalty of perjury, I understand all of the questions ask of me and have provided proof of all claims to the best of my knowledge. I further understand that if I misrepresent information to inflate my tax refund, I can be penalized by the IRS and/or my funds held by them for an unspecified amount of time.

Taxpayer Signature

Date

Spouse Signature

Date