

Taxpayer Questionnaire

PERSONAL INFORMATION

Primary Taxpayer

First Name:	Last Name:	M.I.:
S.S.N. :	Birthdate:	Taxpayer's PIN:
Home Phone:	Work Phone:	Cell Phone:
Occupation:	Dependent on another return? Yes No	Legally Blind? Disabled?
Email Address:	Text Message: Yes No	Cell Phone Carrier
Preferred Contact:	Preferred Language:	Form 1040 NR: Yes No Taxpayer: Male Female

Filing Status (Circle which Status number applies)

1 = Single

If: You were NOT married on or before December 31, 2015
Your dependents lived with you less than 6 months during the year.

2 = Married Filing Joint

If: You were married as of December 31, 2015 or your spouse died during 2015.

3 = Married Filing Separate

If: You were married on or before December 31, 2015 and your spouse is filing a tax return using this filing status.

* If **MFS**, did you live together at ANY time during the tax year? Yes No
If yes, did you live together during the final 6 months? Yes No

* If **MFS**, did your spouse itemize his/her deductions? Yes No
NOTE: If spouse itemized deductions, taxpayer must also itemize deductions.

4 = Head of Household

If: You were NOT married as of December 31, 2015
Your child, foster child, or grandchild lived with you more than 6 months.

5 = Qualified Widow(er)

If: Your spouse died during either 2013 or 2014, and
Your child, stepchild or foster child lived with you for 12 months in 2015.

Spouse

First Name:	Last Name:	M.I.:
S.S.N. :	Birthdate:	Spouse's PIN:
Home Phone:	Work Phone:	Cell Phone:
Occupation:	Dependent on another return? Yes No	Legally Blind? Disabled?
Email Address:	Text Message: Yes No	Cell Phone Carrier
Preferred Contact:	Spouse: Male Female	

Address

Care-of (or additional) Address Information

Street Address:

Apt. #:

City:

State:

Zip Code:

Military Address Info:(1=APO/FPO, 2=Stateside, 3=Foreign or Blank)

Combat Zone:

Bank Information

(for Direct Deposit into Taxpayers Personal Acct.)

Bank Name:

Account Type:

Savings

Checking

Routing Number:

Account Number:

Will this refund go to an account outside of the US?

Yes

No

Client Referral

Referral Type:

Description:

Health Insurance

(Affordable Care Act)

In order to comply with the Affordable Care Act, answer the following questions regarding healthcare insurance coverage.

Would you like to purchase a one year subscription to CADRPlus for you and your family for \$199.95	Yes	No
Please enter the gender of the Taxpayer enrolling for CADRPlus ?	Male	Female
Received health care coverage through employer for entire year (including COBRA Coverage)?	Yes	No
Received health care coverage from the government such as Medicaid, Medicare or Veterans Benefits?	Yes	No
Purchased private health insurance (NOT through the Marketplace") for the entire year?	Yes	No
Purchased health insurance through the "Marketplace" (Form 1095-A)?	Yes	No
At least one family member (including taxpayer) did not have health care coverage at anytime during the year?	Yes	No

DEPENDENTS

First Name	Last Name	Birthdate	SSN	Relationship	# of Months	Dep. Code	EIC
Children who lived with you and are being claimed on another return							
Non Dependents claimed for EIC and Disabled person's dependent care expenses							

Enter the dependents name, birthdate, SSN, Relationship, number of months lived with the taxpayer, starting with the youngest dependent. Refer to the information below for Dep. and EIC Codes.

Dependent Codes

- 1 = Lived with Taxpayer
- 2 = Lived Elsewhere
- 3 = Taxpayer's parent
- 4 = Other Dependent

EIC Codes

- E = Eligible as of December 31, 2015, under the age of 19
- S = Student as of December 31, 2015, under the age of 24 and full-time student
- D = Disabled as of December 31, 2015, Permanently & totally disabled, at any age
- K = Qualifying Child was Kidnapped
- N = Not eligible

CHILD TAX AND EARNED INCOME CREDIT

This Information is included in the Dependents Table above	Number of Children under age 17 (CTC)	
	Number of Children under age 19 (EIC)	
	Number of Children between age 17 & 24, full time student (EIC)	
	Number of Children Totally Disabled (EIC)	
	Include Form 8862 - Information to Claim EIC After Disallowance?	Yes No

Total Amount Paid:	CHILD CARE CREDIT	Number Cared for:
---------------------------	--------------------------	--------------------------

- A. If married, did both, Taxpayer and Spouse work during the time of dependent care? Yes No
- B. If no to A, was Taxpayer or Spouse disabled or a full-time student for more than 5 months? ___ No
___ Yes, Disabled
___ Yes, Student
- If no to A and B, this return is not eligible for dependent care credit**

Care Provider #1 Information

Name	___ SSN or ___ EIN
Address	Amount Paid \$

Care Provider #2 Information

Name	___ SSN or ___ EIN
Address	Amount Paid \$

DEPENDENT CARE EXPENSES

List dependents cared for

First Name	Last Name	SSN	Expenses
			\$
			\$
			\$
			\$

WAGES AND SALARIES

(Use Actual Form W-2 for Data Entry)

Taxpayer	Employer's Name	Wages	Federal Withholding	St Withholding
Spouse	Employer's Name	Wages	Federal Withholding	St Withholding

INTEREST AND DIVIDEND INCOME

(Use Actual Forms 1098, 1099B, 1099-INT, 1099-DIV for Data Entry)

Payer's Name	Interest Earned	Dividends	Withholding

OTHER INCOME

Unemployment Income (Other Income wkst, Line 19)	
Social Security, from Form SSA1099 (Other Income wkst, Line 20b)	
Other Income:	
Scholarship income not included on Form W-2	
Prior Year's State and Local Income Tax Refund	
Alimony Received	
Gambling Income	
Other Income Subject to Self-employment Tax	
Schedule C - Business Income/(Loss)	
IRA OR Pension Distribution from 1099R	
Railroad Retirement from Form RRB1099	

ADJUSTMENTS

Student Loan Interest Deduction	
IRA Contributions (Limit of \$5,500 per taxpayer, if over 50 limit is \$6,500)	
Tuition and Fees Deduction	
Alimony Paid	
Recipient's SSN	Recipient's Name

CREDITS

Education Credits	
American Opportunity Credit	
Life Time Learning qualified expenses	
Other Federal Tax Payments	

FINANCIAL PRODUCTS

Complete the following if refund type is a RAC/RT

Identification Information: Bank Products require at least 1 of the following forms of ID

- Drivers License DMV/BMV State ID Military ID US Passport/Resident Alien ID
 Matricular Consular Foreign Passport

Taxpayer ID NUMBER _____ STATE _____ EXP. DATE _____

Spouse ID NUMBER _____ STATE _____ EXP. DATE _____

Application Information:

If filing a joint return, who is borrower? T = Taxpayer Only; S = Spouse Only; B = Both Taxpayer & Spouse

With the IRS removing the Debit Indicator (DI), there is a chance that a RAC/RT will not be refunded in full.

Some reasons for not getting a complete RT refund:

1. IRS says you owe back taxes
2. IRS says you have a current garnishment
3. IRS is auditing your Earned Income Credit
4. Earned Income Tax Credit (EITC) is claimed and an EITC qualifying child is a foster child
5. You have an outstanding debt with any bank that provides RAC/RT

PLEASE NOTE - WE DO NOT HAVE ANY CONTROL OVER THE ABOVE REASONS!

Taxpayer Initial _____ Spouse Initial _____

I understand that all information I have provided on this form is true. If any of this information is incorrect, I understand that a formal letter will be sent if the refund is not paid in full.

In addition, I understand that my refund may be provided to me in more than 1 check.

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

FOR OFFICE USE ONLY

Process Checklist (to be included in customer file)

- Make copies of form of ID and Social Security cards
- Interview sheet filled out
- One copy of tax return, W-2s and/or 1099 (Taxpayer & Spouse, if applicable)
- Signature on 8879/Pin # and Bank application