



DC TAXES, INC.

CLIENT DATA FORMS 2018

Please, completely fill out each form in **BLACK INK ONLY**. DO NOT SCRATCH OUT MISTAKES.

If you make an error, complete a new form.

DO NOT LEAVE BLANKS. Put N/A if it doesn't apply.

OR

GO PAPERLESS and download Client Data Forms to your device. Sign with your stylus pen or finger. Electronically typed signatures are not accepted.

Upload to DC Taxes Client Portal.

For your protection, your preparer cannot write on ANY forms.

The IRS rules are for YOUR protection. Failure to comply can subject you as a taxpayer to an audit (or red flag your account) and DC Taxes, Inc. to a \$1500 penalty. Incomplete information CANNOT be accepted, thereby, delaying your return. Please call if you have any questions. Thank you for your compliance.

DUE DILIGENCE PER IRS

1. a. IF YOU ARE CLAIMING DEPENDENTS THAT ARE NOT YOUR SON/DAUGHTER, BRIEFLY EXPLAIN WHY THE PARENTS ARE NOT CLAIMING THEM _____
b. IN THE EVENT OF AN AUDIT, WHAT SUPPORTING DOCUMENTS FOR THIS/THESE DEPENDENT(S) CAN YOU PROVIDE _____
2. IF YOU HAVE BEEN DISALLOWED EARNED INCOME TAX CREDIT (EITC) IN THE PAST & YOU MUST SUBMIT FORM 8862 OR YOUR RETURN WILL BE REJECTED. **\$100 FEE CORRECT AND RESUBMIT.**
HAVE YOU EVER BEEN DISALLOWED THE EARNED INCOME TAX CREDIT (EITC)? _____
3. ARE YOU MARRIED? _____
4. FILING STATUS: **SINGLE** **MARRIED FILING JOINTLY** **MARRIED FILING SEPARATELY** **QUALIFYING WIDOW(ER)**

TAXPAYER SSN: _____ TAX PAYER SPOUSE SSN _____
TAXPAYER NAME: _____ TAXPAYER SPOUSE NAME _____

WHO TOLD YOU ABOUT DC TAXES, INC.? WE WOULD LIKE TO THANK THEM (Name and Phone) _____

TAXPAYER DL NUMBER _____ STATE _____ SP DL NUMBER _____ STATE _____

DL ISSUE DATE _____ DL ISSUE DATE _____

EXPIRATION DATE _____ EXPIRATION DATE _____

TAXPAYER DOB _____ OCCUPATION _____ SPOUSE DOB _____ SPOUSE OCCUPATON _____

ADDRESS _____ APT _____ ZIP _____

E-MAIL _____ PHONE _____ ALT PHONE _____

HAVE YOU REPORTED IDENTITY THEFT TO IRS? YES NO IF YES, ENTER 6-DIGIT PIN? _____

HOW MANY MONTHS DID YOU HAVE HEALTH INSURANCE? _____ DID YOU ENROLL IN HEALTH INSURANCE FROM THE MARKETPLACE? _____

DEPENDENTS

SSN	NAME	RELATIONSHIP	DOB	# OF MONTHS LIVED WITH YOU	CHILDCARE EXPENSES	DISABLED?	FT STUDENT?

CHECK ALL THAT APPLY

- SOMEONE ELSE CAN CLAIM YOU AS A DEPENDANT
- YOU WERE A STUDENT _____ FORM 1098T? _____ AMT OF ELIGIBLE EDUCATION EXPENSES
- YOU PAID ESTIMATED FEDERAL OR STATE TAXES LAST YEAR _____ YOU PAID STATE AND LOCAL REAL ESTATE TAX
- YOU OR YOUR SPOUSE RECEIVED UNEMPLOYMENT BENEFITS. _____ YOU AND YOUR SPOUSE LIVED APART DURING THE YEAR.
- YOU OR YOUR SPOUSE WERE SELF-EMPLOYED. (FILL OUT SELF-EMPLOYED INCOME DATA SHEET)

THE IRS PROVIDES REFUNDS THROUGH DIRECT DEPOSIT OR MAILED CHECK. THE REFUND IS NORMALLY RECEIVED IN LESS THAN 21 DAYS FOR DIRECT DEPOSIT AND 21-28 DAYS FOR MAILED CHECKS. THE GOVERNMENT DOES NOT CHARGE FOR THIS SERVICE HOWEVER THE TAXPAYER WILL HAVE TO PAY TAX PREPARATION FEES UPFRONT OUT-OF-POCKET. METABANK'S TAX-RELATED PRODUCTS AND SERVICES ARE OPTIONAL AND NOT REQUIRED.

PLEASE CHOOSE ONE:

CASH/CHECK/CREDIT (INVOICE WILL BE GENERATED UPON COMPLETION OF SERVICES)

REFUND TRANSFER (**AVAILABLE AFTER FEB 15TH** MINUS TAX PREPARATION FEES, AUDIT SUPPORT FEES,BANK FEES, SOFTWARE FEES)

- CHECK
- PREPAID DEBIT CARD
- DIRECT DEPOSIT TO MY CHECKING SAVINGS AT (BANK NAME) _____
ROUTING# _____ ACCT# _____

PRE-SEASON (**JAN 2-EFILE OPENS**) REFUND ADVANCE LOAN PROGRAM (UPTO \$6000 AVAILABLE WITHIN 48 HOURS; 36% APR APPLIES TO ADVANCES EXCEEDING 25% OF THEIR ESTIMATED REFUND)

CHECK or PREPAID DEBIT CARD

IN SEASON (**EFILE OPEN-FEB 15**) REFUND ADVANCE LOAN PROGRAM (UPTO \$6000 AVAILABLE WITHIN 48 HOURS;\$40 ACCT SET UP FEE)

CHECK or PREPAID DEBIT CARD

SELF EMPLOYED INCOME DATA SHEET

TAX PAYER NAME: _____ BUSINESS NAME: _____

___ SELF EMPLOYED ___ CONTRACTOR PRODUCT/SERVICE _____ EIN _____

WHAT YEAR DID YOU START THIS BUSINESS? _____ ACCOUNTING METHOD? ___ CASH ___ ACCRUAL

GROSS RECEIPTS/SALES _____ BUSINESS CODE _____

EXPENSES

ADVERTISING _____ LEGAL/PROF FEES _____ INSURANCE _____

MILEAGE _____ OFFICE EXPENSE _____ TAXES & LICENSES _____

COMMISSIONS/FEES _____ PENSION _____ UTILITIES _____

CONTRACT LABOR _____ RENT/LEASE _____ OTHER: LIST EXPENSE & AMOUNTS BELOW

DEPLETION _____ REPAIRS & MAINTENANCE _____

DEPRECIATION _____ SUPPLIES _____

EMPLOYEE BENEFIT PROGRAMS _____ MEALS & TRAVEL _____

INTEREST _____ WAGES _____

DID YOU USE YOUR HOME FOR BUSINESS? _____ SQ FT USED FOR BUSINESS _____ TOTAL SQ FT OF HOME _____

WAS YOUR BUSINESS A DAYCARE? ___ HOURS WORKED PER DAY ___ DID YOU STOP USING YOUR HOME FOR A DAYCARE IN 2018? _____

ADDITIONAL NOTES:

DUE DILIGENCE PER IRS

1. DID YOU RECEIVE FORM 1099MISC? _____ IF NO, IN THE EVENT OF AN AUDIT CAN YOU PROVIDE RECORD OF INCOME? _____
2. IS A LICENSE A REQUIREMENT FOR YOUR SERVICE? _____ DO YOU HAVE A BUSINESS LICENSE? _____
3. WHEN DID YOU START THIS BUSINESS? _____ HOW DO YOU ADVERTISE? _____
4. BY LAW YOU ARE REQUIRED TO KEEP ADEQUATE RECORDS. WHAT TYPE OF RECORDS DO YOU MAINTAIN TO VERIFY BUSINESS INCOME AND EXPENSES? _____
5. DID YOU FILE STATE AND/OR LOCAL SALES TAX RETURNS LAST YEAR? _____
6. DO YOU NEED HELP RECONSTRUCTING YOUR BUSINESS INCOME & EXPENSES? _____
 - a. HOW MANY DAYS PER WEEK DID YOU WORK? _____
 - b. HOW MUCH DID YOU EARN PER WEEK? _____

