

ALL INFO REQUESTED IS REQUIRED TO PREPARE AN ACCURATE RETURN. PLEASE REFER TO COVER PAGE FOR INSTRUCTIONS.
THANK YOU FOR GROWING WITH US.

OFFSETS MAY DISQUALIFY YOU FOR REFUND ADVANCE PROGRAMS CALL 1-800-304-3107

- Please, completely fill out and sign each form in BLACK INK ONLY. Electronically typed signatures are not accepted. Download Adobe Fill & Sign to complete and sign forms from your device. Sign with your stylus pen or finger. Upload to DC Taxes Client Portal or email.
- DO NOT SCRATCH OUT MISTAKES. If you make an error please complete a new form.
- DO NOT LEAVE BLANKS. For your protection, your preparer cannot write on ANY forms. Write 'NA' if something doesn't apply.
- PUT AN 'X' ON THE SELF EMPLOYED DATA FORM IF IT DOESN'T APPLY.
- Blank forms such as ITEMIZED DEDUCTIONS, MILEAGE CHARTS, 1095A, etc can be found on our website www.dctaxes2012.com

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 to a \$1500 penalty. Incomplete information CANNOT be accepted, thereby, delaying your return. Please call me if you have any questions. Thank you for your compliance.

1 + 2 = FREE

REFER 2 NEW CLIENTS WITH
PAID RETURNS AND
YOUR PREPARATION IS FREE

ESTIMATED REFUND	FEDERAL	STATE
TAX PREPARATION	-	
AUDIT SUPPORT	-	
SOFTWARE	-	
BANK	-	
REFUND ADVANCE	-	
ESTIMATED DEPOSIT		

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DL NUMBER _____ STATE _____ SP DL NUMBER _____ STATE _____

DL ISSUE DATE _____ DL ISSUE DATE _____

EXPIRATION DATE _____ EXPIRATION DATE _____

DEPENDENTS

Table with 8 columns: SSN, NAME, RELATIONSHIP, DOB, # OF MONTHS LIVED WITH YOU, CHILDCARE EXPENSES, DISABLED?, FT STUDENT?

DUE DILIGENCE PER IRS

- 1. IF ANY OF THE NAMED DEPENDENTS ARE NOT YOUR SON/DAUGHTER, BRIEFLY EXPLAIN WHY THE PARENTS ARE NOT CLAIMING THEM
2. IN THE EVENT OF AN AUDIT, DO YOU HAVE SUPPORTING DOCUMENTS FOR THIS/THESE DEPENDENT(S), I.E. SCHOOL RECORDS, MEDICAL RECORDS, LEASE? YES NO
3. HAVE YOU EVER BEEN DISALLOWED THE EARNED INCOME TAX CREDIT (EITC)?
4. FILING STATUS: SINGLE HEAD OF HOUSEHOLD MARRIED FILING JOINTLY MARRIED FILING SEPARATELY QUALIFYING WIDOW(ER)

SSN: _____ SPOUSE SSN _____

NAME: _____ HOUSE NAME _____

DOB _____ OCCUPATION _____ SPOUSE DOB _____ SPOUSE OCCUPATION _____

ADDRESS _____ APT _____ ZIP _____

E-MAIL _____ PHONE _____ ALT PHONE _____

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

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

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

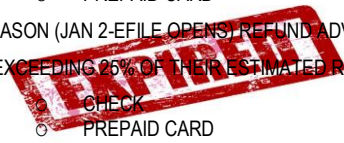
CHECK ALL THAT APPLY

- 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
DIRECT DEPOSIT TO MY CHECKING SAVINGS AT (BANK NAME)
ROUTING# ACCT#
PREPAID CARD
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
PREPAID CARD
IN SEASON (EFILE OPEN-FEB 15) REFUND ADVANCE LOAN PROGRAM (UPTO \$6000 AVAILABLE WITHIN 48 HOURS;\$40 ACCT SET UP FEE)
CHECK
PREPAID CARD



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SELF EMPLOYED INCOME DATA SHEET

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 _____ OFFICE EXPENSES _____ UNIFORMS _____
 MILEAGE _____ RENT/LEASE PROPERTY _____ DONATIONS _____
 COMMISSIONS/FEES _____ RENT/LEASE VEHICLE _____ MILEAGE _____
 INSURANCE PROPERTY _____ TAXES & LICENSE _____ CONTRACT LABOR _____
 INTEREST _____ SUPPLIES _____ UTILITIES _____
 MORTGAGE _____ TRAVEL _____ HEALTH INSURANCE _____
 LEGAL & PROF SERRVICES _____ MEALS & ENT _____ REAL ESTATE TAXES _____
 RENT _____ EXCESS MORT INTEREST _____ REPAIRS & MAINT _____
 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? _____



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2018 Audit Support Plan only \$20 There's no guarantee your tax return won't be audited. We collect and prepare your return with care and due diligence, double checking all information you provide to us. Our work is performed using accepted accounting practices and conforms to Internal Revenue Code and tax regulations in effect for the tax year of the original return. In the event your return is audited, our Audit Support Plan promises that you won't have to deal with the IRS alone. Using our knowledge of the structure and procedures of the IRS, we will help you gather and submit the requested info to the IRS. If DC Taxes makes a mistake in preparing your return, we will pay penalties assessed (not interest) by the IRS. *FREE AMENDMENT INCLUDED

_____ I accept DC Taxes **2018 Audit Support Plan**. I authorize DC Taxes to deduct this fee from my refund.

_____ I decline DC Taxes **2018 Audit Support Plan**. In the event of an audit, I will gather and submit my documents on my own.

DOCUMENTS NEEDED TO FILE:

___ CURRENT STATE DRIVERS' LICENSE/IDENTIFICATION CARD

___ SOCIAL SECURITY CARDS FOR ANYONE LISTED ON TAX RETURN

___ W2s, 1099MISC, 1099R, 1099G AND ANY OTHER DOCUMENTS REPORTING INTEREST/DIVIDENDS/MISC INCOME

___ OTHER INCOME RECEIVED

I, **(PRINT NAME)** _____ **HAVE REVIEWED THE FOLLOWING DOCUMENTS & FORMS AND AGREE TO ALL TERMS AND CONDITIONS:**

_____ DC TAXES CLIENT DATA FORM

_____ DC TAXES DISCLAIMER

_____ FORM 8879 IRS E-FILE SIGNATURE AUTHORIZATION

_____ FORM 8821 TAX INFORMATION AUTHORIZATION

_____ EPS FEE DISCLOSURE

_____ DC TAXES 2018 AUDIT SUPPORT PLAN

SIGN:

DATE:

NOTES: