

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](http://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.***



ESTIMATED REFUND	FEDERAL	STATE
TAX PREPARATION	-	
AUDIT SUPPORT	-	
SOFTWARE	-	
BANK	-	
REFUND ADVANCE	-	
<b>ESTIMATED DEPOSIT</b>		

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

To protect you, the Client, **DC Taxes** follows accepted ethical procedures as specified by the Internal Revenue Code and/or applicable guidelines governing the conduct of professional tax preparers. After reading each statement below carefully, please, acknowledge your acceptance by signing the bottom of this form. Thank you for your compliance and understanding of the responsibilities we must accept as professional tax preparers.

The specified income tax return has been prepared for (FULL NAME) \_\_\_\_\_ at my directions by **DC Taxes**.

I have reviewed the completed return and understand their contents and have received a copy of the return. I realize it is my responsibility to include in my files all documentation necessary to substantiate all income, deductions, and credits reflected on the return for at least 7 (seven) years.

All information on this return is true and accurate according to the information furnished by (FULL NAME) \_\_\_\_\_ to **DC Taxes**. Nothing has been added or deleted by the preparer that would understate my tax liability.

All taxable income has been reported, including any bartering, any partnership interests, any sales of business or personal assets, and all interest and dividend income from all sources. I have been informed that I must have adequate written records for all deductions, specifically for:

- Any travel or entertainment
- Any business use of a vehicle
- Any business use of 'listed property'
- Any non-cash contribution to charity

I understand **DC Taxes** has based the entries on this return according to present laws, regulations, and other applicable authority. I understand that tax law and its interpretation is subject to continual change and therefore the rules and principles followed in the preparation of this return may not be applicable for any other tax year.

I hereby authorize **DC Taxes** to prepare and electronically file my federal and state income tax returns. I understand that by signing and submitting this disclaimer, I am submitting to the process of preparations by **DC Taxes**. I also authorize **DC Taxes** to make any deductions from my anticipated refund for services rendered and/or collections.

I authorize the US Department of Treasury, Financial Management Services to disclose any and all information related to a debt owed by me to the United States Government, to a State, or any debt enforced by a State, including child support obligations and/or any payments made or due to me by a Federal or state agency and/or any tax return information disclosed to FMS by the Internal Revenue Service in order to collect tax debt through the levy process under 26 U.S.C. §6331(h), and to conduct tax refund offset under 26 U.S.C. §§ 6402. Tax return information is defined in 26 U.S.C. § 6103(b). Information includes, but is not limited to, correspondence and other information related to my debt(s) or payment(s), including my tax refund payment(s).

I authorize this information be released to: **DC TAXES PO BOX 101512 BIRMINGHAM, AL 35210**

**DC Taxes** has indicated any aggressive applications to me and I understand such a position may be questioned or overturned in the audit process. I agree to hold **DC Taxes** harmless from any examination and possible reversal on this(these) issues.

**PER IRS:**

1. *If we examine a client's return and deny all or part of EITC, CTC, AOTC, ACTC, the client:*
  - a. *Must pay back the amount in error with interest*
  - b. *May need to file Form 8862, Information to Claim Earned Income Credit after Disallowance*
  - c. *May be banned from claiming refundable credits for the next 2 (two) years if we find the error is because of reckless or intentional disregard of the rules; or*
  - d. *May be banned from claiming refundable credits for the next 10 (ten) years if we find the error is because of fraud*
2. *If we examine the refundable credit claims you prepared and we find you did not meet due diligence requirements, you can get: a \$510 penalty for each failure to comply with due diligence requirements.*
3. *A minimum penalty of \$1000 if you prepare a client return and IRS finds any part of the amount of taxes owed is due to an unreasonable position.*
4. *A minimum penalty of \$5000 if you prepare a client return and IRS finds any part of the amount of taxes owed is due to your reckless or intentional disregard of rules or regulations*

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_



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## CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

For the purpose of completing this consent form,

**Chereese Marable** \_\_\_\_\_ shall be referred to as “we,” “us,” and “our”.  
(Printed name of Tax Preparer)

Federal law requires this consent form be provided to you (“you” refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, 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.

You have indicated you are interested in receiving an EPS Refund Deposit Account Check, Direct Deposit, or the E1 Visa® Prepaid Card collectively, through use of an EPS Refund Deposit Account (“RDA”) provided through EPS Financial, a division of MetaBank (“EPS”), Visa U.S.A. Inc. (“Visa”), First Century Bank, N.A. (“FCB”), and 1st Money Center, Inc (“1MC”). In order to have your RDA product request evaluated and processed, we, along with EPS, must disclose all your 2016 tax return information necessary for evaluating the request to Visa, FCB, and 1MC. If you request a more limited disclosure of tax return information, you will not be eligible to submit application request for an RDA product. If you would like us to disclose your 2016 tax return information for this purpose, please complete this consent to the disclosure of your tax return information.

By signing below, you authorize us to disclose to EPS, Visa, FCB, and 1MC all of your 2018 tax return information necessary for the evaluation and processing of your request for an RDA product. You understand that if you are unwilling to authorize the disclosure and sharing of your tax return information with EPS, Visa, FCB, and 1MC you will not be able to obtain an RDA product, but you may still choose to have your tax return prepared and filed by us for a fee.

Printed name of taxpayer: \_\_\_\_\_

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed 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 1-800-366-4484, or by e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

E1 Visa Prepaid Cards are issued by First Century Bank, Members FDIC, pursuant to a license from Visa U.S.A. Inc. and administered by EPS Financial. The E1 Card can be used at millions of merchant locations everywhere Visa debit cards are accepted.

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## CONSENT TO USE OF TAX RETURN INFORMATION

For the purpose of completing this consent form,  
**Chereese Marable** \_\_\_\_\_ shall be referred to as "we," "us," and "our."  
(Printed name of Tax Preparer)

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. 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.

If you do not consent, then you may still have your tax return prepared and electronically filed by us for a fee.

For your convenience, we have entered into arrangement with third parties to provide qualifying taxpayers with the opportunity to apply for an Electronic Refund Check or Electronic Refund Deposit. To determine whether these products may be available to you, we will need to use your tax return information by analyzing it and calculating the amount of your anticipated refund.

If you would like us to use your tax return information to determine whether these products may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

By signing below, you authorize us to use the information you provide to us during the preparation of your 2018 tax return to determine whether to present you with the opportunity to apply for these products and services.

Printed name of taxpayer: \_\_\_\_\_

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed 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 Treasure Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).



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Form 8879

IRS e-file Signature Authorization

OMB No. 1545-0074

2018

Department of the Treasury Internal Revenue Service

Return completed Form 8879 to your ERO. (Don't send to the IRS.) Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Form fields for Taxpayer's name, Social security number, Spouse's name, and Spouse's social security number.

Part I Tax Return Information - Tax Year Ending December 31, 2018 (Whole dollars only)

Table with 5 rows and 2 columns: Line number and Description of tax return information.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete.

Taxpayer's PIN: check one box only

- Checkboxes for PIN authorization: I authorize [ERO firm name] to enter or generate my PIN, or I will enter my PIN as my signature.

Your signature Date

Spouse's PIN: check one box only

- Checkboxes for Spouse's PIN authorization: I authorize [ERO firm name] to enter or generate my PIN, or I will enter my PIN as my signature.

Spouse's signature Date

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [6 3 9 3 8 4 1 1 8 9 3]

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's signature Date

ERO Must Retain This Form - See Instructions Don't Submit This Form to the IRS Unless Requested To Do So

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**Form 8821**  
 (Rev. January 2018)  
 Department of the Treasury  
 Internal Revenue Service

**Tax Information Authorization**

▶ Go to [www.irs.gov/Form8821](http://www.irs.gov/Form8821) for instructions and the latest information.  
 ▶ Don't sign this form unless all applicable lines have been completed.  
 ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1145  
For IRS Use Only

Received by: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Function: \_\_\_\_\_  
 Date: \_\_\_\_\_

**1 Taxpayer information.** Taxpayer must sign and date this form on line 7.

Taxpayer name and address		Taxpayer identification number(s)	
Daytime telephone number		Plan number (if applicable)	

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form. Check here if a list of additional appointees is attached ▶

Name and address	CAF No. _____
Chereese Marable 616 Regency East Drive Birmingham, AL 35210	PTIN <u>P01559348</u>
	Telephone No. <u>205-910-2312</u>
	Fax No. <u>205-449-3123</u>
	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input checked="" type="checkbox"/>

**3 Tax Information.** Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 . . . . . ▶

**5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box . . . . . ▶

**Note.** Appointees will no longer receive forms, publications, and other related materials with the notices.

b If you don't want any copies of notices or communications sent to your appointee, check this box . . . . . ▶

**6 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain. . . . . ▶

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

**7 Signature of taxpayer.** If signed by a corporate officer, partner, guardian, partnership representative, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature	Date
Print Name	Title (if applicable)



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

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

**INFORMATION NEEDED TO FILE A RETURN:**

\_\_\_\_\_ EACH FORM IN THIS PACKET, AS IT APPLIES TO YOU, FILLED OUT AND SIGNED IN BLACK INK WITH NO ERRORS.

\_\_\_\_\_ DRIVER'S LICENSE/ ID & SOCIAL SECURITY CARDS FOR YOU AND ALL DEPENDANTS

\_\_\_\_\_ COPY OF PRIOR YEAR RETURN (NEW CLIENTS ONLY)

\_\_\_\_\_ W2s, 1099s, AND OTHER STATEMENTS REPORTING INTEREST/DIVIDEND/MISC INCOME

\_\_\_\_\_ OTHER INCOME RECEIVED

I, (FULL 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

\_\_\_\_\_ EPS APPLICATION AGREEMENT

\_\_\_\_\_ EPS CONSENT TO USE

\_\_\_\_\_ EPS CONSENT TO DISCLOSE

\_\_\_\_\_ EPS eCOLLECT FEE DISCLOSURE

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTES:**