



**CONSENT TO USE OF TAX RETURN INFORMATION**

*Colbert Ball Tax Service*

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 your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation 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 from the date of signature.

For your convenience, we have entered into an arrangement with certain companies to offer Electronic Refund Disbursement Services. To determine whether this service may be of interest to you, we will need to use your tax return information.

If you would like us to use your tax return information to determine whether this service is relevant 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 2019 tax return to determine whether to offer you an opportunity to apply for the Electronic Refund Disbursement Service.

Printed Name of Taxpayer: \_\_\_\_\_

Taxpayer Signature: \_\_\_\_\_

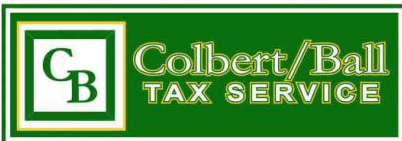
Printed Name of Joint Taxpayer: \_\_\_\_\_

Joint Taxpayer Signature: \_\_\_\_\_

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 email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

**Forms Accepted for Dependents**

- Social Security Cards
- Birth Certificates
- Medicaid
- IRS Form 1095
- Shot Record
- Health Insurance Card
- Dental Insurance Card
- Residential Lease
- Report Card
- Snap Benefits
- Court forms
- Paternity Tests



966 FM 1960 Rd W

14656 Ella & Kuykendahl

2944 Gears & Veterans Mem

14415 Texas SH 249

4629 W. 34<sup>th</sup> Street

6923 Antoine & W. Little York

## Client Profile 2019

**Product: Refund Type**

- 24Hr Advance up to \$6,000
- Direct Deposit (7-10 Days)
- Check (7-10 Days)
- Debit Card (7-10 Days)
- IRS (Prepay)

**How did you hear about us?**

- Facebook     Sign/Walk-In
- Flyer         Radio/TV
- Referred by:  
                   Name: \_\_\_\_\_  
                   Contact #: \_\_\_\_\_

***Where did you file last year?*** \_\_\_\_\_

***Amt of your TAX REFUND last year: \$*** \_\_\_\_\_

General Info	<b>Taxpayer Name</b>	First	Middle	Last		
	<b>Birth date</b>	Month	Day	Year	<b>Social Security</b>	
	<b>Email Address</b>				<b>Mobile Phone</b>	
	<b>Spouse Name</b>	First	Middle	Last		
	<b>Birth date</b>	Month	Day	Year	<b>Social Security</b>	
	<b>Email Address</b>				<b>Mobile Phone</b>	
	<b>Current Address</b>					<b>Apt #</b>
	<b>City, State</b>				<b>ZIP</b>	
<b>Home Phone</b>						

Tax Information	<b>Filing Status</b> (Choose only ONE status)		Single <input type="checkbox"/>	Head of Household <input type="checkbox"/>	Filing Joint <input type="checkbox"/>
			Widowed <input type="checkbox"/>	M F S <input type="checkbox"/> (need spouse SSN)	
	<b>Dependants</b>				
	<b>Name</b>	<b>Date of Birth</b>	<b>SSN</b>	<b>Relationship</b>	<b>Months in Home 3, 6, 9, 12?</b>

**I certify that Colbert/Ball Tax Service has informed me that it is my responsibility to maintain accurate records for all income and expenses incurred throughout the 2019 tax year. These records can include but are not limited to: W-2, 1099, invoices, receipts, earning statements, and expense statements. These records should be kept for a period of at least 7 years. Colbert/Ball Tax Service will prepare your 2019 individual tax return from the information you have provided. We will not audit or verify the information you furnished to us. You, the taxpayer, are ultimately responsible for the preparation and filing of your tax return. I, the taxpayer named above, have provided to Colbert/Ball Tax Service the attached tax information and to the best of my knowledge this information is true, correct and complete.**

Taxpayer Signature

Spouse Signature

# Tax Declaration

All Returns	
Have you provided correct ID & SS numbers, children included? (Photocopies if possible)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been married by the court of law? (Not common law marriage)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, did your spouse live in your home at any time during July-December?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can someone else claim you as a dependant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you like our service, please refer us your family and friends (ask for new details)	
Did you live with anyone who made more money than you in 2019?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, did they take care of you financially?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you qualify for an accredited School Credit? If so did you attend school in 2019? <i><a href="https://ope.ed.gov/accreditation/">https://ope.ed.gov/accreditation/</a></i>	
What school _____?	
Did you pay tuition/enrollment fees or buy books, supplies, equipment and/or course materials for class? If you did how much? \$ _____ (\$4,000.00 is the Max)	
DEPENDANTS AND/OR QUALIFYING CHILDREN	
Is the dependant(s) your Son or Daughter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, do you have permission to claim this dependant(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you provide over 50% of total support for each dependant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your dependant(s) under age 19 and lived in the taxpayer's home more than 6 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>***Child Tax Credit &amp; Additional Child Tax Credit apply to dependants 16 years or younger***</b>	
Is your dependant(s) a Full time student age 19 to 23? If yes, what school? _____ How much were their expenses? _____? (\$4,000.00 is the Max)	
Is your dependant(s) totally disabled and can provide proof? Disability type _____ Proof is needed (SSI or doctor's letter) Yes or No (please check one)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did your EIC qualifying child/children live with you for 2019?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you pay Childcare in 2019 Tax Year? If yes, how much? \$ _____	

## FOR DEPENDANTS THAT ARE NOT YOUR SON OR DAUGHTER ONLY

Are you claiming a dependant that is a grandchild, brother, sister, niece, nephew, parent, grandparent, aunt, uncle, stepchild, step sister, step-brother or other? YES  NO

Did the parent(s) of the dependant also live in your household? YES  NO

If the parent(s) lived in your home did they financially contribute to your household? YES  NO

If the parent(s) lived with you, is your income higher than the parent(s) of the dependants? YES  NO

How many months have the dependants lived in your home?    3+ months    6+ months    12+months

*To be eligible for the Earned Income Tax Credit, you cannot be a [qualifying child](#) of another person.*

I declare that I understand the above EITC questions and have answered them truthfully to the best of my ability. I authorize Colbert Ball Tax Service to contact the US Treasury Department to verify if I have any tax offsets. I understand that if I receive an estimate after January 31<sup>st</sup>, 2019 and choose not to have my taxes filed upon completion at Colbert/Ball Tax Services, I am responsible for paying a \$40.00 service fee due at the time of service.

Taxpayer Signature \_\_\_\_\_

Spouse Signature \_\_\_\_\_



**Schedule C**

**Sole Proprietor (BUSINESS) Information Sheet**

I certify that I incurred the following expenses and received the revenue for tax year 2019  
 TOTAL REVENUE/INCOME FROM BUSINESS \$ \_\_\_\_\_

**Signature:**

In addition to tax preparation, Colbert Ball Tax Service also offers bookkeeping. We can total business receipts, reconcile bank statements and classify business income and expenses for a fee of \$95.00 an hour. Ask for more details...

<u>Expense Type</u>	<u>Amount</u>	<u>Expense Type</u>	<u>Amount</u>
<b>Advertising</b>		Cost of Goods Sold	
Bad Debts		Beginning Inventory	
<b>Commission/Referrals Paid</b>		Purchases	
Fees Paid		Personal Use Total	
Depletion		Other Costs	
Depreciation/Section 179		Ending Inventory	
Insurance (other than health)		Equipment Purchased or Sold (List)	
Mortgage Interest		Car Expenses	
Other Interest Payments		Mileage	
<b>Licenses</b>		Business	
Professional Services		Commuting	
Legal Services		Other	
Office Expenses		Actual Expenses	
Phones		<b>Gas</b>	
<b>Business Phone Line</b>		Oil	
<b>Mobile/Cellular</b>		Tires	
		Repairs	
<b>Rent</b>		<b>Tolls/Parking</b>	
Vehicle			
Machinery/Tools		<b>Do you have written records of your business income and expenses?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Equipment			
Other Business Rent			
<b>Supplies</b>		<b>What type of business is it?</b>	
City/County Taxes		<b>Business Name?</b>	
Real Estate		<b>Business Address?</b>	
Personal Property		<b>Were you issued a 1099Misc?</b>	
<b>Employee 1099</b>		<b>Who provides your supplies?</b>	
Other		<b>How do you advertise?</b>	
Travel		<b>Do you have a business bank account?</b>	
Meals/Entertainment			
(enter total, 50% deductible)		<b>Signature</b>	
<b>Wages</b>		<b>Print Name</b>	
Pension and Profit Sharing		<b>SSN/Business EIN#</b>	



## Schedule A Information Sheet

First and Last Name (Print) \_\_\_\_\_

SSN: \_\_\_\_\_

I certify that I incurred the following expenses and itemizations for tax year 2019

\_\_\_\_\_

Signature: \_\_\_\_\_

Expense Type	Amount	Expense Type	Amount
Medicine and Drugs		Small Tools	
		Safety/Protective	
Insurance Premiums		Tools and Equipment	
		Depreciation	
Doctors, Dentist, Hospitals etc		Uniforms Cost and	
		Cleaning	
State and Local Income Taxes		Vocational Supplies	
Real Estate Taxes		Investment Expense	
Personal Property Taxes		Safe Deposit Box	
General Sales Tax		Hobby Expense	
Home Mortgage Interest/Credit		Tax Preparation Fees	
Qualified Mortgage Insurance Premiums		Casual or Theft loss(es)	
Gifts by Cash or Check/Church Tithes		2106 Unreimbursed Employee Expenses	No Entry
Donations to Charities Non- Cash		Tolls/Parking/Transportation	
Union and professional Dues		Travel Expenses (lodging, car rentals, airfare)	
Job Seeking Expenses		Business Expense	
Education Seminars		Total miles for the year	
Job Related Publications		Business miles for the year	

Colbert Ball Tax Service also offers bookkeeping, bank account reconciliation and receipt classification for a fee of \$95 per hour. Ask for details

# **STOP:DO NOT FILL OUT-FOR PREPARER ONLY**

TAXPAYER NAME \_\_\_\_\_

SSN# \_\_\_\_\_

## **EIC/HOH DUE DILLIGENCE QUESTIONS – PROBE**

- 1) IS PREPARER SATISFIED THAT FILING STATUS IS CORRECT? YES  NO
- 2) HAVE DEPENDANT(S) RELATIONSHIP TEST(S) BEEN MEET? YES  NO
- 3) DO ANY ADDRESSES MATCH? 1040? W2? ID? 1099? DOCS? \_\_\_\_\_
- 4) DO ANY LAST NAMES MATCH? \_\_\_\_\_
- 5) CAN YOU PROVIDE THE CHILD’S BIRTH CERTIFICATE IF REQUESTED BY THE IRS? \_\_\_\_\_
- 6) WHERE IS YOUR CHILD’S OTHER PARENT(S)?  
\_\_\_\_\_
- 7) WHY IS THE DEPENDANT(S) NOT LIVING WITH THE PARENT(S) (not son or daughter)?  
\_\_\_\_\_
- 8) DID THE CHILD(S) OTHER PARENT CONRIBUTE FINANCIALLY? WHO AGI HIGHER?  
\_\_\_\_\_
- 9) ARE YOU THE LEGAL GUARDIAN?  
\_\_\_\_\_

## **SELF EMPLOYED QUESTIONS-PROBE**

- 10) DO YOU HAVE DOCUMENTATION TO SHOW YOU ARE IN BUSINESS, IF ASKED BY THE IRS (ex. Business card or license, bills in the company’s name)? If on site try to obtain these records for our files  
\_\_\_\_\_
- 11) WHAT TYPE OF BUSINESS DO YOU HAVE? BUSINESS NAME? \_\_\_\_\_
- 12) DO YOU HAVE WRITTEN RECORDS OF YOUR BUSINESS INCOME AND EXPENSE/SCHEDULE C COMPLETED?  
\_\_\_\_\_
- 13) WHO MAINTAINS THE BUSINESS RECORDS FOR YOUR BUSINESS? \_\_\_\_\_
- 14) DO YOU HAVE SEPARATE BANKING ACCOUNTS FOR PERSONAL AND BUSINESS TRANSACTIONS? \_\_\_\_\_
- 15) DOES YOUR BUSINESS HAVE ITS OWN TAX ID #? \_\_\_\_\_
- 16) WHO PROVIDES YOUR SUPPLIES? TAXPAYER? CLIENTS? BOTH? \_\_\_\_\_
- 17) HOW DO YOU ADVERTISE? \_\_\_\_\_
- 18) AMERICAN OPPORTUNITY SCHOOL CREDIT QUESTIONS-PROBE \_\_\_\_\_
- 19) WERE ALL 4 QUALIFYING QUESTIONS ANSWERED CORRECTLY ON 8863? \_\_\_\_\_

X \_\_\_\_\_  
Taxpayer signature

X \_\_\_\_\_  
Spouse signature