

# EZ Refund Interview Sheet

◆ **How would you like to receive your money?**

- A Cashier's Check
- Direct Deposit **(Please provide a voided check)**
- Money Clip Prepaid Visa

◆ **How would you like to receive your State Refund?**

- In 7-10 Days (State PERC)
- Check mailed to your home

◆ **What is your marital status?**

- Single - A taxpayer whose marital status is unmarried
- Head of Household - An unmarried taxpayer who pays half of the cost of maintaining a home for the tax year and is the principal residence of a qualifying dependent for over half of the year.
- Married - You and Your spouse want to file together
- Married Filing Separate - You and Your spouse want to file separate **\*\*Please provide Spouse information below\*\***
- Widow(er) - With Qualifying Dependent
- I don't know - Help Me

Can you or your spouse be claimed on another person's return?  YES  NO If yes, who?  You  Spouse

Do you plan to Itemize Deductions this year?  YES  NO

Do you have deductions for any of the following items for this year? (You must have documentation for each deduction)

- Alimony
- Student Loan Interest
- Moving Expenses
- Traditional IRA Contributions
- Educational Expenses
- Medical Expenses
- Real Estate and/or Personal Property Taxes
- Home Mortgage Interest
- Charitable Contributions
- Un-reimbursed Job Expenses

Are you filing a State return this year?  YES  NO If yes, please complete the following information: **State** \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ School District: \_\_\_\_\_

Did you work in another State?  YES  NO If yes, how many months? \_\_\_\_\_ What state(s)? \_\_\_\_\_

(Processing Note: Enter Additional State Information in Note section)

**Do you want Audit Shield?**  YES  NO

(Audit Shield is a Warranty program for tax returns. The program protects against software miscalculations and certain preparer errors, by providing reimbursement of up to a total of \$2,500 for any penalties, interest or additional taxes assessed by the IRS on your qualifying federal tax return. Please note that Audit Shield reimburses the taxpayer and does not pay the IRS directly. The **one-time Audit Shield fee of \$29.95** protects a qualifying federal return for up to three years.)

Taxpayer Name: \_\_\_\_\_ SSN # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ SSN # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Taxpayer Phone (daytime) \_\_\_\_\_ Spouse Phone (daytime) \_\_\_\_\_

Taxpayer Phone (evening) \_\_\_\_\_ Spouse Phone (evening) \_\_\_\_\_

Are you or your spouse legally blind?  YES  NO If yes, who?  You  Spouse  Both

Was your home in the US for more than half the year?  YES  NO If yes, who?  You  Spouse  Both

(Military personnel on active duty outside of the U.S. are considered living in the U.S. during duty period)

◆ **Dependent Information - If you have dependents, complete the information below.**

Dependent (Full Names)	Date of Birth	SSN	Relationship	Disabled (D) Student (S) None (N)	**Status (1,2,3,0)	Months In Home

**\*\* 1 - Child Lives w/ you 2 - Child lives apart from you (Divorce / Separation) 3 - All other Dependents 0 - Non-dependent child lives w/ you**

**◆ Child Care - If you paid child care for your dependents, complete the section below.**

Providers Name: \_\_\_\_\_ EIN or SSN of Provider: \_\_\_\_\_  
 Address: \_\_\_\_\_ # of Children in Day Care: \_\_\_\_\_ Total Amount Paid: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Amount Paid per child – Child 1 \$ \_\_\_\_\_ Child 2 \$ \_\_\_\_\_ Child 3 \$ \_\_\_\_\_ Child 4 \$ \_\_\_\_\_

**◆ General Tax Questions**

Did you purchase a home in 2008 and receive a first-time homebuyer credit on your 2008 tax return?  YES  NO  
 Do you or your spouse own money to the IRS or a state agency?  YES  NO If yes, do you apply for Spouse Relief?  YES  NO  
 Did you sell, convert to business use, or no longer primarily reside in a home for which you previously received a homebuyer credit?  YES  NO

Processing Note: If any questions are marked YES, please call Refunds Today for assistance

**◆ EIC Qualification Checklist**

Can any other person(s) claim EIC for your qualifying children?  YES  NO  
 If you took EIC last year, was the EIC reduced or disallowed for any reason other than math or clerical error?  YES  NO  
 1. Do you have any unresolved EIC denials for which Form 8862 has not been filed?.....  Yes  NO  
 2. Do you and/or your spouse have social security numbers that allow you to work?.....  YES  No  
 3. Can anyone else claim you or your spouse as a dependent on their tax return?.....  Yes  NO  
 4. Were you either: a U.S. Citizen or Resident Alien for the entire year, or if you are married, were both you and your spouse a U.S. Citizen or Resident Alien for the entire year?.....  YES  No

**Complete this section if you have children** Child 1      Child 2      Child 3

5. Is your qualifying child a: son, daughter, adopted child, grandchild, stepchild, brother, sister, niece, nephew, or eligible foster child, who you cared for as your own child?..... If your child is a foster child, was the child placed in the home by an authorized agency?..... 6. If your child is married and not filing their own return, are you claiming the child as a dependent?..... 7. Can another person (other than your spouse who you are filing jointly with) claim your child as a qualifying child?.....	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
8. Is the total of all of your wages (W-2s) less than \$45,060? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete the Earned Income Credit section on Page 4.			

Processing Note: If question 7 is marked YES, please call Refunds Today for assistance

**◆ PIN Information (Personal Identification Number) - Choose any 5-digit number that you will use as identification for this return**

This PIN gives authorization to E-file your tax return electronically. It also fulfills the CONSENT to DISCLOSE and USE your tax return information for your bank product and Audit Shield application/determination forms for 2012. You will receive copies of these disclosures for your records.

Your 5-digit PIN: \_\_\_\_\_ Your Spouse's 5-digit PIN: \_\_\_\_\_

**◆ ID Verification (please present to interviewer)**

Taxpayer ID Type: \_\_\_\_\_ Spouse ID Type: \_\_\_\_\_  
 ID Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

Did you or your spouse request a Bank Product last year?  YES  NO

Are you or your spouse regular or reserve member of the Armed Forces serving on active duty or are you a dependent of a member of the Armed Forces on active duty?  YES  NO

**◆ Customer Information Disclosure**

We will prepare your 2012 Form 1040-US Individual Income Tax Return & applicable State Tax Returns if any are required.  
 We understand that you will provide us with the basic information required for us to perform the services as described and that you are responsible for the accuracy and completeness of that information. As such, in connection with the preparation of your return, you represent to us the following in your complete return/interview: all information is complete and accurate, all social security numbers and dates of birth for the taxpayer, spouse and dependents are correct according to those on file with the Social Security Administration and the IRS, you have reported all income earned by you and/or spouse including income not reported to you by third parties, and you have not presented to us any fraudulent statements or misrepresented any information.  
 We suggest you retain all records and documents related to this return for a period of five (5) years should it ever be necessary for you to substantiate any information reported on your return. We do not assume any responsibility for the information you or your spouse provided. A \$10 correction fee may be assessed for any IRS rejection corrections. If you agree with the statement outlined above, please sign below.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

## DEDUCTIONS

### Income Deductions

Are you an educator?  YES  NO    If yes, did you have any expenses that were not reimbursed? \$ \_\_\_\_\_

Did you make a contribution to an IRA Account during 2012?  YES  NO    If yes, how much? \$ \_\_\_\_\_

Did your spouse make an IRA contribution during 2012?  YES  NO    If yes, how much? \$ \_\_\_\_\_

Did you pay any interest on student loans?  YES  NO    If yes, how much? \$ \_\_\_\_\_

Did you attend school? If yes, specify tuition and fees paid.  YES  NO    If yes, how much? \$ \_\_\_\_\_  
 What level of college: \_\_\_\_\_

Did your spouse attend school? Specify tuition and fees paid.  YES  NO    If yes, how much? \$ \_\_\_\_\_  
 What level of college: \_\_\_\_\_

Did you pay alimony?  YES  NO    If yes, how much? \$ \_\_\_\_\_  
 Alimony Recipient SSN: \_\_\_\_\_

Did you move in 2012 because of your work?  YES  NO    If yes, complete the fields below.  
 What city did you move to? \_\_\_\_\_

Miles from old home to new workplace: \_\_\_\_\_    What was your cost to move your household goods? \_\_\_\_\_  
 Miles from old home to old workplace: \_\_\_\_\_    Travel and lodging expenses paid: \$ \_\_\_\_\_

### Complete this section if you have additional deductions:

Medical Expenses	\$ _____	Home Loan Interest	\$ _____
State taxes due in 2013 but paid in 2012	\$ _____	Cash Donations/Contributions	\$ _____
Real Estate Taxes	\$ _____	Non-Cash Donations/Contributions	\$ _____
Personal Property Taxes	\$ _____	Tax Preparation Fees Paid	\$ _____
		Gambling Losses	\$ _____

### Job Related Unreimbursed Expenses & Other Deductible Expenses

Unreimbursed expenses are expenses that are not paid by your employer. Examples of unreimbursed job related expenses are: union dues, professional dues, uniforms, protective clothing, job search expenses. Other deductible expenses are: IRA maintenance fees, legal/accounting fees related to your income taxes, safe deposit box rental fees, and unemployment from prior year repaid in current year.

Description	Amount

## BUSINESS INCOME

What type of business do you own? (Principal Business) \_\_\_\_\_    What is the EIN (Employer ID Number), if any? \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### Figure your Net Profit

Total Money received before expenses: \$ \_\_\_\_\_

Total Expenses (Enter details in **NOTE** section on back page): \$ \_\_\_\_\_

**Please complete the Schedule C section on the Proof of Credit/Income Page**

### Vehicle Expenses

**Complete this section ONLY for your vehicle that was used for business purposes.**

**This does not include miles driven to and from work.**

When did you start using your vehicle for business purposes? (mm/dd/yyyy) \_\_\_\_\_    Vehicle Year: \_\_\_\_\_

Of the total number of miles driven during 2012, enter the number of miles you used your vehicle for:    Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Total Miles all year     Business Miles     Commuting Miles     Other Miles

Do you (or your spouse) have another vehicle available for personal use?.....  YES  NO

Was your vehicle available for personal use during off-duty hours?.....  YES  NO

Do you have evidence to support your deductions?.....  YES  NO

If YES, is it written?.....  YES  NO

**If you have any additional information that needs to be addressed, please use the NOTES section on the next page.**

# Proof of Credit/Income Verification Page

## Earned Income Credit - Residency of Qualifying Children

To determine Dependents' eligibility for Earned Income Credit, proof of residency is required. Please provide documentation for each dependent and mark the type of documentation you are providing.

- |  |   |
|--|---|
| <input type="checkbox"/> School Records or Statement<br><input type="checkbox"/> Landlord or property management statement<br><input type="checkbox"/> Health Care provider statement<br><input type="checkbox"/> Medical Records<br><input type="checkbox"/> Child Care Provider records<br><input type="checkbox"/> Employer statement | <input type="checkbox"/> Placement Agency statement<br><input type="checkbox"/> Social Services records or statement<br><input type="checkbox"/> Place of Worship statement<br><input type="checkbox"/> Indian tribal official statement<br><input type="checkbox"/> Other (specify): _____ |
|--|---|

**Taxpayer/Spouse Signature to certify the information is provided:** \_\_\_\_\_

## Schedule C - Self Employed / Business Income

All reported business income and expenses must be substantiated with documentation. Mark all that apply and provide copies of each.

- |  |   |
|--|---|
| <input type="checkbox"/> Business License<br><input type="checkbox"/> Forms 1099<br><input type="checkbox"/> Records of Gross Receipts<br><input type="checkbox"/> Summary of Income<br><input type="checkbox"/> Records of Expenses | <input type="checkbox"/> Summary of Expenses<br><input type="checkbox"/> Bank Statements<br><input type="checkbox"/> Reconstruction of income and expenses<br><input type="checkbox"/> Other (specify): _____ |
|--|---|

**Taxpayer/Spouse Signature to certify the information is valid/complete:** \_\_\_\_\_

## Child Tax Credit - Dependents with ITINs

Children listed with ITINs that may qualify for Child Tax Credit, must meet the "Substantial Presence Test." To meet this test, the individual must be physically present in the United States on at least:

1. 31 days during the current year, AND
2. 183 days during the 3-year period that includes the current year and the 2 years immediately before that, counting:
  - All the days you were present in the current year, and
  - 1/3 of the days you were present in the first year before the current year, and
  - 1/6 of the days you were present in the second year before the current year.

**Do all listed dependents with an ITIN meet the "Substantial Presence Test" as described above?**     YES     NO

If NO, please provide details in the Notes section.

**Taxpayer/Spouse Signature to certify the information is accurate:** \_\_\_\_\_

### Notes

If you have information that you haven't included elsewhere, please write it on the lines below. Please be as specific as you can.

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