



How did you hear about us: Radio TV Google Facebook

Referral: \_\_\_\_\_

Date: \_\_\_\_\_

Personal Information

Full Name: Last First M.I.

Address: Street Address Apartment/Unit #

City State ZIP Code

Home Phone: Alternate Phone:

Email: Birth Date:

SSN or Gov't ID: Driver's License State & #:

You're filing status: (Circle One)

Single Married Filing Joint Married Filing Separate Head of Household Qualifying Widow/Widower

Taxpayer Employer: Taxpayer Work Phone:

Spouse's Name: Residence State (List the state you resided in 2021):

Employer

In case your contact information changes; we can contact you regarding your refund.

Facebook: Email:

Did you live at your above listed address 6 months or more? Yes / No

Did you file your taxes last year? Yes / No If so, did you receive a refund? Yes / No

How did you file your taxes last year, Self-Employment or W-2?

Can you get a copy of your prior years return if needed? Yes / No

Do you need to file FORM 8862 (stating that you were disallowed EIC Yes / No

previously)? Did you have health insurance in 2021? Yes / No

Did your dependents have health insurance through your employer, state, or Obamacare? Yes / No If so, which dependents? Dep 1, Dep2, Dep 3, or ALL Deps

## Dependent Information

(If you have any dependents, list them in the area below. If you have more than four dependents, list the remainder on the reverse side. If any of your dependents did not live with you in 2021, please notify your preparer.)

First Name	Last Name	Birth Date	Social Security Number	Relationship To You
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Did all of your dependents stay with you at least 6 months? Yes / No

Did you file these same dependents last year? Yes / No

## Child Care Provider

(If you paid for child care for your dependent children, list the child care providers below with the amounts paid.)

	Child Care Provider	Address	City/ State/ Zip
1 <sup>st</sup>	_____	_____	_____
2 <sup>nd</sup>	_____	_____	_____

	Social Security # or FED ID Number	Amount Paid
1 <sup>st</sup>	_____	_____
2 <sup>nd</sup>	_____	_____

How many jobs did you work this year? \_\_\_\_\_

Did you receive unemployment income? Yes / No

Did you attend college, night school, internet schooling, or any post-secondary educational facility to gain a skill or degree? Yes / No

Do you have a 1098-T form from your school? Yes / No

Are you currently paying or owe student loans? Yes / No

Do you own your home? Yes / No Do you owe for home buyers credits? Yes / No

Did you pay church tithes and offerings? Yes / No

Do you owe student loans? Yes/ No Do you owe back child support? Yes / No

Do you owe the IRS? Yes / No

How would you like your IRS refund issues? Paper Check Direct Deposit

**I (print name) \_\_\_\_\_ hereby state that the foregoing information is true and correct to the best of my knowledge and recollection and holds no bearings upon the preparer or staff of Signature Tax Services LLC.**

**X** \_\_\_\_\_

**Date:** \_\_\_\_\_



## ALTERNATE ELIGIBILITY RECORD (Due Diligence)

In accordance with Internal Revenue Service (IRS) Bulletin 97-65 and Internal Revenue Code (IRC), this form serves as Alternate Eligibility Checklist, and may be used IN LIEU of other forms of Due Diligence, including form 8867. Maintain this form with your client files.

### HEAD OF HOUSEHOLD ELIGIBILITY

You may file Head of Household if you can answer **YES** to **ALL** the following questions. (See Publication 17, Chpt 2&3)

- Yes  No      You are unmarried, or are considered unmarried on the last day of the year.
- Yes  No      You paid more than half the cost of keeping up a home for the year.
- Yes  No      A qualifying person (definition below) lived with you in the home for more than half the year (except temporary absences, such as school), and you can claim an exemption for him/her except as noted under Category 3 below.

A **qualifying person** requirements are: (See Table 2-1, Publication 17)

1. A qualifying relative such as parent, grandparent, brother, sister, stepbrother, stepsister, stepmother, stepfather, father-in-law, half-brother, half-sister, brother-in-law, sister-in-law, daughter-in-law, uncle, aunt, nephew, or niece who is related to you by blood and lived with you for the entire year.
2. Child, grandchild, stepchild, or adopted child.
3. Eligible foster child. (Note: For eligibility for dependent only a foster child is a child who is in your care, that you care for as your own child, and who lived with you the entire year. It does not matter how the child became a member of the household).

### EARNED INCOME CREDIT (EIC) ELIGIBILITY

You may claim the EIC if you can answer **YES** to **ALL** 4 tests below. (See publication 17, Chapter 36)

#### 1. Relationship Test

- Yes  No      Your child/ children is/are one of the following: a son, daughter, adopted child, stepchild, grandchild, or eligible foster child or is your brother, sister, stepbrother, stepsister (or the child or grandchild of your brother, sister, stepbrother, or stepsister), and you care for it/them as you would your own child.

#### 2. Age Test

- Yes  No      Your child/children is/are under 19 years of age at the end of the year, or is under 24 years of age at the end of the year and is a full-time student, or was permanently and totally disabled at any time during the tax year, regardless of age.

#### 3. Residency Test

- Yes  No      Your child/ children lived with you for more than half the year (or the whole year if an eligible foster child)
- Yes  No      Your home is in the United States

#### 4. Qualifying Child of another Test

- Yes  No      If your child/ children is/are the qualifying child/ children of another individual, you are the only person claiming the credit for that/ those child/children during the tax year. (Note: If the answer is NO, refer to the tiebreaker rule. You may still be able to take the credit.

### FOSTER CHILD ELIGIBILITY

The definition of a foster child has changed. For establishing eligibility for dependency, see above. For establishing eligibility for the Child Tax Credit and Earned Income Credit you must be able to answer **YES** to **ALL** the questions below.

- Yes  No      You cared for the child/ children as you would your own child.
- Yes  No      The child/ children lived with you for the entire year, except for temporary absences.
- Yes  No      The child/ children was/ were placed in your care by a State, one of its subdivision, or placement agency.

**I attest and affirm that the information provided to complete this Eligibility Checklist is true and correct to the best of my knowledge. I understand the IRS may randomly question eligibility and that if my tax return is randomly selected for review, that my return, refund, direct deposit, or any combination thereof may be delayed or denied.**

\_\_\_\_\_  
Taxpayers Signature

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Date



**Self-Employment Form**

**Client Name** \_\_\_\_\_

**Tax Year** \_\_\_\_\_

Sales/ Receipts \_\_\_\_\_

Professional Fees \_\_\_\_\_

Cost of Goods for Sale \_\_\_\_\_

Office Expenses  
\_\_\_\_\_

Advertising \_\_\_\_\_

Equipment Rent/ Lease \_\_\_\_\_

Auto Mileage or Cost \_\_\_\_\_

Property Rent \_\_\_\_\_

Commissions & Fees  
\_\_\_\_\_

General Repair's \_\_\_\_\_

Contracts Labor \_\_\_\_\_

Taxes/ Licenses \_\_\_\_\_

Employee Benefits \_\_\_\_\_

Travel \_\_\_\_\_

Insurance \_\_\_\_\_

Meals/ Entertainment \_\_\_\_\_

Mortgage Interest \_\_\_\_\_

Utilities \_\_\_\_\_

Other Interest \_\_\_\_\_

Wages \_\_\_\_\_

**Other Expenses**

\_\_\_\_\_  
\_\_\_\_\_

**Real Estate & Equipment Purchased**

Description	Date	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were you self-employed? Yes / No    Did you work a job & do anything to make extra money on the side? Yes / No

What type of work? \_\_\_\_\_

**\*(Being self-employed means that you provides a service or trade selling goods or making money offering services to people who need them) Ex. Barber, Stylist, Cutting grass, Painter, Cleaner or Janitorial services, babysitting, entertainer, auto detail, promoting, party or event planner**

**Everything I am signing is true to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**LIMITED POWER OF ATTORNEY**

Date: \_\_\_\_\_

I \_\_\_\_\_ (Taxpayer Name) and

\_\_\_\_\_ (Spouse Name) give Authorization to **Signature Tax Services LLC** to prepare, sign and electronically file my federal and state income tax return elected to be filed by me under the Internal & State Revenue Code for taxable year **2021**. I acknowledge that the preparer who prepared my return has discussed with me the return, ask me questions that related to my tax issue, discussed all fees to include tax preparation fees, bank and administration fees.

I give **Signature Tax Services LLC** permission to apply for the bank product that I choose per our discussion before the return is submitted to the IRS. **Signature Tax Services LLC** has agreed not to submit my ta return until I give permission either by oral or email from my email listed below and the last four digits of my social security number to submit.

Taxpayer Name Print: \_\_\_\_\_

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

Spouse Name Print: \_\_\_\_\_

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

Taxpayer Email: \_\_\_\_\_

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Preparer name: \_\_\_\_\_

Preparer PTIN: \_\_\_\_\_



## **REFUND AUTHORIZATION AGREEMENT**

Please circle how you will receive your refund:

1. Direct Deposit
2. Rapid Card provided by STS
3. Check
4. Walmart

### **Direct Deposit Agreement**

I hereby authorize **Signature Tax Services** to initiate a one-time automatic deposit to my account at the financial institution named below.

Further, I agree not to hold responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

### **Account Information**

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking \_\_\_ Savings \_\_\_

### **Signatures**

Date: \_\_\_\_\_

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

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



**SWORN STATEMENT OF RESIDENCY**

Name of parent(s) or Guardian(s): \_\_\_\_\_

Dates the dependent(s) lived with you in Calendar Year 2021: \_\_\_\_\_

Address that your dependent(s) lived with you in Calendar Year 2021: \_\_\_\_\_

This is to verify that the dependents(s):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

That I am claiming on my 2021 tax return for "EITC purpose" has lived with me at the address above for more than 6 months in 2021 in the USA.

What documentation could you give if you are audited for EITC to prove residency of your dependents:

**Circle One:**

School Records      Medical Records      Day Care Records      Lease Agreement

I hereby affirm under penalty and perjury that the facts set forth in this statement are true:

\_\_\_\_\_

**Taxpayer Signature/Date**

\_\_\_\_\_

**Spouse Signature/Date**

\_\_\_\_\_

**Taxpayer Print Name**

\_\_\_\_\_

**Spouse Print Name**

\_\_\_\_\_

**Signature of Tax Preparer**