



# Tax Payer's Intake & Quality Review Questionnaire

**You will need:**

Tax Information such as Form W-2, 1099, 1098, 1095  
 Social security cards or ITIN letters for all persons on your tax return.  
 Picture ID (such as valid driver's license) for you and your spouse.

Please complete page 1-3 of this form.

You are responsible for the information on your return. Please provide complete and accurate information.

If you have questions, please ask the **Certified Registered Tax Preparer**.

**Part I - Your Personal Information (if you are filing a joint return, enter your names in the same order as last year's return)**

First Name	M.I	Last Name	Social Security Number	Telephone Number	Cell Phone Number	Cell Phone Carrier
Spouse's First Name	M.I	Last Name	Social Security Number	Telephone Number	Cell Phone Number	Cell Phone Carrier
Mailing Address			Apt #	City	State	ZIP code
Tax Payer's Date of Birth	Job Title	Email Address			Are you a U.S. Citizen?	
Spouse's Date of Birth	Job Title	Email Address			Is your spouse a U.S. Citizen?	
Last year, were you:		❖ Totally or permanently disabled		Yes	No	
		❖ Full-Time Student		Yes	No	
		❖ Legally Blind		Yes	No	
Last year, was your spouse:		❖ Totally or permanently disabled		Yes	No	
		❖ Full-Time Student		Yes	No	
		❖ Legally Blind		Yes	No	
Have you or your spouse:			❖ Been a victim of Identity Theft?		Yes	No
			❖ Adopted a child?		Yes	No
❖ Can anyone claim you or your spouse as a dependent?			Yes	No	Unsure	



**Check appropriate box for each question in each section**

Yes	No	Unsure	Part III - Health Care Coverage - Last year, did you, your spouse, or dependent(s)
			<ul style="list-style-type: none"> <li>❖ (B) Have health care coverage?</li> <li>❖ (B) Receive one or more of these forms? (Check the box) <span style="float: right;">Form 1095-B                      Form 1095-C</span></li> <li>❖ (A) Have coverage through the Marketplace (Exchange)? [Provide Form 1095-A]                             <ul style="list-style-type: none"> <li>• (A) If yes, were advance credit payments made to help you pay your health care premiums?</li> <li>• (A) If yes, Is everyone listed on your Form 1095-A being claimed on this tax return?</li> </ul> </li> <li>❖ (B) Have an exemption granted by the Marketplace?</li> </ul>

Visit <http://www.healthcare.gov/> or call 1-800-318-2596 for more information on health insurance options and assistance. If advance payments of the premium tax credit were paid on your behalf to help pay your health insurance premiums, you should report life charges, such as, income, marital status or family size changes, to your Marketplace. Reporting changes will help to make sure you are getting the proper amount of advance payments.

To be Completed by a Registered Tax Preparer (Use Publication 4012 and check the appropriate box(es) indicating Minimum Essential Coverage (MEC) for everyone listed on the return.)

Name (List dependents in the same order as in Part II)	MEC Entire Year	No MEC	Part Year MEC (mark months with coverage)	Exemption (mark months exemptions applies)	Exemption All Year	Notes
Taxpayer			J F M A M J J A S O N D	J F M A M J J A S O N D		
Spouse			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		

**Part IV - Additional Information and Questions Related to the Preparation of Your Return**

❖ Provide an email address (optional) (this email address will not be used for contacts from the internal Revenue Service) \_\_\_\_\_

❖ Presidential Election Campaign Fund (if you check a box, your tax or refund will not change)  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.                      You                      Spouse

❖ If you are due a refund, would you like:

a. Direct deposit	b. To purchase U.S. Savings Bonds	c. To split your refund between different accounts
Yes                      No	Yes                      No	Yes                      No

❖ If you have a balance due, would you like to make a payment directly from your bank account?                      Yes                      No

❖ Have you or your spouse received any letters from the Internal Revenue Service?                      Yes                      No

❖ Other than English, what language is spoken in your home? \_\_\_\_\_                      Prefer not to answer

❖ Do you or any member of your household have a disability?                      Yes                      No                      Prefer not to answer

❖ Are you or your spouse a Veteran from the U.S. Armed Forces?                      Yes                      No                      Prefer not to answer

The information provided in this questionnaire is true & correct, and I/We understand that the information given will be used to complete my/our tax return(s). I/We agree to hold this company harmless for any errors that they may make on my/our tax return. I/We also understand that error on my/our return will cause a delay in processing of the return and the receipt of the refund, if any.

**Taxpayer Signature**
**Spouse Signature**
**Date**

\_\_\_\_\_



## ATTESTATION AND DISCLAIMER

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

Tax Payer's Name \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse Name \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Taxpayer Initial	Spouse Initial	
		PUMA'S BUSINESS CREATION is not responsible if taxpayer provides us with incorrect information (i.e. social security numbers for self, spouse, or dependents, last names, birth dates). This may delay your refund.
		PUMA'S BUSINESS CREATION is not responsible for any IRS audits. All information obtained from the taxpayer and/or spouse must be presentable if the IRS audits your tax return.
		PUMA'S BUSINESS CREATION is not responsible for any incorrect tax figures provided by the taxpayer and/or spouse. If your tax figures change you will need to do an Amendment. Prices vary.
		if you have any federal or government debts (i.e. school loans, child support, DPP, DFCS, etc....) there is a chance that your refund will be applied towards your debt. <b>You can call the offset department at 1-800-304-3107 or 1-800-829-7650 to see if your refund will be partially or fully taken.</b> If your refund is fully taken you are responsible for paying the preparation fees.
		PUMA'S BUSINESS CREATION is not responsible for any discussions or changes the IRS or bank may make on disbursement dates, filing status or any other required information from the IRS.
		PUMA'S BUSINESS CREATION is not responsible for any IRS glitch problems or IRS problems that may cause a delay in your tax refund. <b>We DO NOT</b> reimburse any bank fees in the event of this occurrence.
		PUMA'S BUSINESS CREATION provides the taxpayer with <b>ONE</b> complimentary copy of their tax return. Should you need any additional copies, there is a \$15 fee per copy (federal and state included).
		PUMA'S BUSINESS CREATION is not responsible for tax refunds intercepted by IRS OR FMS, you are still obligated to pay PUMA'S BUSINESS CREATION the full tax preparation fees and any advances due to the company.

### Banking Information

Will refund go into an account outside United States?                      **Yes**                      **NO**

Bank's Name \_\_\_\_\_

Checking Account

Savings Account

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

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

I attest that all information contained in this income tax return was obtained from the taxpayer or spouse and is true and correct to the best of his/her knowledge.

Taxpayer Signature

Spouse Signature

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_