

ZIP code

Tax Payer's Intake & Quality Review Questionnaire

You will need:	Please complete page 1-3 of this form.
Tax Information such as Form W-2, 1099, 1098, 1095	You are responsible for the information on your return. Please provide complete and
Social security cards or ITIN letters for all persons on your tax return.	accurate information.
Picture ID (such as valid driver's license) for you and your spouse.	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 Social Security Number M.I Last Name Telephone Number Cell Phone Number Cell Phone Carrier Mailing Address Apt # City State

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Tax Payer's Date of Birth Job Title		Email Address	5				Are you a U.S	6. Citizen?	
Spouse's Date of Birth Job Title		Email Address	3				Is your spous	e a U.S. Ci	tizen?
Last year, were you: Totally or permanently disabled Yes	No	 Full-1 	Fime Student	Yes	No	Le	egally Blind	Yes	No
Last year, was your spouse: Totally or permanently disabled Yes	No	 Full-1 	Time Student	Yes	No	 Le 	egally Blind	Yes	No
Have you or your spouse: Been a victim of Identity Theft? Yes	No		Adopte	ed a child?	Yes	No			
 Can anyone claim you or your spouse as a 	dependent?	Yes No	Unsure						

Part II - Marital Status and Household Information

As of the current tax year, were you:

Never Married / Single	(This includes registered domestic partnerships, civil unions, or other formal relationships u	nder state la	(w)
Married	If Yes, Did you get married in the current tax year?	Yes	No
	Did you live with your spouse during any part of last six months of the current tax year?	Yes	No
Divorced	Date of final decree		
Legally Separated	Date of separate maintenance agreement		
Widowed	Year of spouse's death		

- List the names below of:
 - **Everyone** who lived with you last year (other than your spouse)
 - Anyone you supported but did not live with you last year

Name (<i>first, last</i>) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Social Security Number	Relationship to you (for example: son, daughter, parent, none, etc.)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year yes/no)	Single or Married as of current tax year <i>(S/M)</i>	Full- Time Student last year (yes/no)	Totally disabled	Legally blind	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)		

Taxpayer J F M A M J J A S O N D J F M A Spouse J F M A M J J A S O N D J F M A Dependent J F M A M J J A S O N D J F M A Dependent J F M A M J J A S O N D J F M A Dependent J F M A M J J A S O N D J F M A Dependent J F M A M J J A S O N D J F M A Dependent J F M A M J J A S O N D J F M A Dependent J F M A M J J A S O N D J F M A Dependent J F M A M J J A S O N D J F M A Dependent J F M A M J J A S O N D J F M A Dependent J F M A M J J A S O N D J F M A Dependent J F M A M J J A S O N D J F M A Dependent J F M A M J J A S O N D J F M A Dependent J F M A M J J A S O N D J F M A Part IV - Additional Information and Questions Related to the Preparation of Your Return	Form 1095-B Form 1095-C Form 1095-A] a pay your health care premiums? aimed on this tax return? and assistance. If advance payments of the premium tax of such as, income, marital status or family size changes, to yments.
(B) Receive one or more of these forms? (Check the box) (A) Have coverage through the Marketplace (Exchange)? [Provide Field (Exchange)? [Provide Field (Exchange)?] (A) If yes, is everyone listed on your Form 1095-A being cla (B) Have an exemption granted by the Marketplace? isit http://www.healthcare.gov/ or call 1-800-318-2596 for more information on health insurance options at the pay your health insurance premiums, you should report life charges, si larketplace. Reporting changes will help to make sure you are getting the proper amount of advance pay o be Completed by a Registered Tax Preparer (Use Publication 4012 and check the appropriate box(es) indicating Minima (List dependents in he same order as in Part II) Name (List dependents in he same order as in Part II) MEC Part Year MEC (mark months with coverage) (mark m moths with coverage) pouse J F M A M J J A S O N D J F M / ependent J F M A M J J A S O N D J F M / ependent J F M A M J J A S O N D J F M / ependent J F M A M J J A S O N D J F M / ependent J F M A M J J A S O N D J F M / ependent J F M A M J J A S O N D J F M / ependent J F M A M J J A S O N D J F M / ependent J F M A M J J A S O N D J F M / ependent J F M A M J J A S O N D J F M /<	Form 1095-A] pay your health care premiums? aimed on this tax return? and assistance. If advance payments of the premium tax of such as, income, marital status or family size changes, to yments. imum Essential Coverage (MEC) for everyone listed on the return.) Exemption Exemption nonths exemptions applies) All Year A M J J A S O N D All Year A M J J A S O N D All Year
rere paid on your behalf to help pay your health insurance premiums, you should report life charges, state to the Pereparation of advance pay to be Completed by a Registered Tax Preparer (Use Publication 4012 and check the appropriate box(es) indicating Minin Name (List dependents in he same order as in Part II) MEC Entire Year No MEC Part Year MEC (mark months with coverage) (mark months with coverage) pouse J F M M J J S O N D J F M ependent J F M A M J J S O N D J F M A M J J S O N D J F M A M J J S O N D J F M A M J J S O N D J F M A M J J S O N D J F M A M J J S O N D J F M A M <th>such as, income, marital status or family size changes, to yments. imum Essential Coverage (MEC) for everyone listed on the return.) Exemption nonths exemptions applies) A M J A S O N D A M J J A S O N D A M J J A S O N D A M J J A S O N D A M J J A S O N D A M J J A S O N D A M J J A S O N D A M J J A S O N D</th>	such as, income, marital status or family size changes, to yments. imum Essential Coverage (MEC) for everyone listed on the return.) Exemption nonths exemptions applies) A M J A S O N D A M J J A S O N D A M J J A S O N D A M J J A S O N D A M J J A S O N D A M J J A S O N D A M J J A S O N D A M J J A S O N D
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 Provide an email address (optional) (this email address will not be used for contacts from the internal Revention 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 	nue Service)
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 Have you or your spouse received any letters from the Internal Revenue Service? Yes Other than English, what language is spoken in your home?	
Do you or any member of your household have a disability? Yes No Prefer no	ot to answer ot to answer
e information provided in this questionnaire is true & correct, and I/We understand that the information hold this company harmless for any errors that they may make on my/our tax return. I/We also understa the return and the receipt of the refund, if any.	
Taxpayer Signature Spouse Signature	ire Date



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SSN ______ - _____ - ______

ATTESTATION AND DISCLAIMER

Tax Year _____

Тах	Pay	/er's	Name	ļ
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Spouse Name _____

Taxpayer Initial	Spouse Initial	
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		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. 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. 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. We DO NOT reimburse any bank fees in the event of this occurrence.
		PUMA'S BUSINESS CREATION provides the taxpayer with ONE 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 Informa	tion	
		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 i	nformation contai	ined 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 Sign	nature Spouse Signature Date