

FEDERAL TAX PREPARATION AUTHORIZATION & TAXPAYER QUESTIONAIRE - FORM 1

IMPORTANT: ALL INFORMATION IS REQUIRED! NO EXCEPTIONS PHONE:

Salesman:		F	PHONE:				
TAXPAYER NAME	SSN:		DATE				
SPOUSE NAME	SSN:						
PHONE	PHONE 2:		EMAIL				
Please answer all questions.		PRE-QUALIFYING Q	UESTIONS			Yes	No
Fax/email for priority 210-247-966	1.DID YOU/SPOUSE FI 2.ARE YOU/SPOUSE A 3.DO YOU/SPOUSE HA 4.DO YOU HAVE A SS ALL DEPENDENTS?	AT LEAST 18 Y AVE A VALID N CARD FOR	EARS DRIV	ER'S LICENSE?	R? 🗆		
taxdocs@autonsu Fax/Email IDs, SSNs,		5.ARE YOU/SPOUSE P 6.ARE YOU/SPOUSE D	AYING ON A				
(w2, 1099, et		LOAN? 7.ARE YOU/SPOUSE D 8.DO YOU/SPOUSE OV	DELINQUENT WE BACK TAX	ON CI	HILD SUPPORT PYMTS? O THE IRS?		
ONLY ANSWER THESE QUESTIONS IF YOU ARE CLAIMING EIC TAXPAYER SPOUSE						Е	
1.WAS EIC DENIED IN ANY YEAR AF IF YES AND THIS IS UNRESOLVE 2.DO YOU AND QUALIFYING CHILDR 3.WERE YOU A U.S. CITIZEN OR RESI 4.CAN YOU BE CLAIMED AS A DEPEN 5.DID YOU RESIDE IN THE U.S. FOR M 6.IF YOUR QUALIFIED CHILD IS MAR 7.IS YOUR INCOME MORE THAN ANY QUALIFIED DEPENDENT? (CAN SOMI	D HAS FORM 8862 BEE EN HAVE VALID SSNS DENT ALIEN ALL YEA IDENT ON SOMEONE I IORE THAN 6 MONTHS RIED, IS CHILD CLAIM OTHER PERSON FOR	S FOR WORK? R? ELSE'S TAX RETURN? S? IED AS DEP. BY PAREN WHOM CHILD IS A	YES	NO NO NO NO NO NO NO	YES N YES N YES N YES N YES N	40 40 40 40 40 40 40	
ANSWER THESE QUESTIONS IF YOU WISH TO FILE AS HEAD OF HOUSEHOLD—IF YOU ARE TOLD TO STOP YOU CAN'T FILE HOH							
1.DID TAXPAYER PAY MORE THAN FOR THE YEAR FOR A QUALIFYING I 2.WAS TAXPAYER SINGLE ON THE L 3.WAS TAXPAYER'S SPOUSE A NOMTHE YEAR AND NOT TREATED AS A 4.IS TAXPAYER LEGALLY SEPARATE 6.DID TAXPAYER FILING A SEPARATE 6.DID TAXPAYER FILING A SEPARATE 6.DID TAXPAYER SPOUSE LIVE IN MONTHS OF THE YEAR? 7.WAS THE TAXPAYER'S HOME ALSO FOR MORE THAN 6 MONTHS OF YEAR 8.IS TAXPAYER CLAIMING THIS CHIL 8a. DID TAXPAYER CLAIMING THIS CHIL 8b. IS NONCUSTODIAL PARENT PROPORTION TO NOT SEPARATE CONTROL TO THE COST OF KEEPING UP I 10.RELATIONSHIP OF QUALIFYING DOT CHILD GRANDCHILD NEPHEW SISTER 11.IS THIS PERSON CLAIMED AS DEP 12.IS QUALIFYING CHILD OR GRANDCHILD OR GRA	IALF THE COST OF KE VERSON? AST DAY OF THE YEA ESIDENT ALIEN AT A ESIDENT ALIEN AT A D, PER STATE LAW? TAX RETURN FROM S THE SAME HOME DUR D HOME OF A QUALIF R? D AS A DEPENDENT NCUST. PARENT WITH OVIDING AT LEAST \$6 I FOR PARENT AND PA PARENT'S MAIN HOMI EPENDENT? (CIRCLE O AUNT UNCLE BROTHER PARENT ENDENT BY TAXPAYE CHILD SINGLE?	EPING UP A HOME R? NY TIME DURING POUSE? LING THE LAST 6 YING PERSON YES NO H WRITTEN STMT? 00 SUPPORT AY FOR MORE THAN E? ONE) NIECE FOSTERCHILD ER?	YES YES YES YES YES YES YES YES (IF YES: GOT YES YES YES YES	NO NO NO NO NO NO NO NO NO	(IF NO: STOP) (IF YES: GO TO 10) (IF NO: STOP) (IF NO: GO TO 9) (IF YES: GOTO 10) (IF YES: GOTO 10 ELSI (IF NO: STOP)	E STOP)	
ANTICIPATION LOAN AND/OR TRANSFER THE TAXPAYER AGREES THAT THE PRI FORM 3 AND UNDER PENALTIES OF PUR INFORMATION SUBJECTS THEM TO CIVIL WILL RESULT IN ADDITIONAL FEES OF \$5 REFUND TRANSFER. IN THE EVENT THE T ELECTRONIC FILING OF THEIR TAX RETU THE PREPARER HAS NO CONTROL OVE AND DOES NOT GUARANTEE ANY DATE UNDERSTANDS THAT PREPARER CANNOT ANY EVENT PREPARERS LIABILITY IS LIM YES, PREPARE MY STATE T	OF FUNDS. 3PARATION OF THE TAX 1URY THAT INFORMATI AND/OR CRIMINAL PENA 3. ALL FEES WILL BE DEE AXPAYER IS REFUSED DI RN AND AGREES TO PAY R TAXPAYER REFUND AF BR AMOUNT OF FUNDING BE HELD LIABLE FOR AF ITED TO THE FEES CHAR	RETURN IS BASED ON INFION IS TRUE AND COMPLE ALTIES. CORRECTING AND DUCTED AUTOMATICALLY RECT DEPOSIT BY THE IR A FEE OF \$500.00 TO ETAY FER SUBMISSION TO THE AFTER ACCEPTANCE OF NY INACCURACIES, ERROUGH TO TAXPAYER.	FORMATION PR ETE. TAXPAYEI D REFILING RET Y BY THE BANI S, TAXPAYER A X EXPRESS. I INTERNAL RE RETURN BY TH IRS, DELAYS, O	OVIDE R UNDI TURN E K FROM ACKNO VENUE HE TRE R OMIS	ED BY TAXPAYER ON FORM ERSTANDS THAT GIVING FOUE TO TAXPAYER ERROR IN THE REFUND ANTICIPATE WELEDGES THE PREPARATE SERVICE AND ETAX EXPENSIONS NOT CAUSED BY PICTURE OF THE PROPERTY OF THE PR	I 1, FORM 2 RAUDULEA OR OMISSI ION LOAN ION AND RESS CANN XPAYER REPARER, A	2, AND NT ON OR OT AND IN
SIGNATURE		DATE —					
SIGNATURE		DATE		PAG	SE 1 OF 2(3 IF REQUIRED))	