

LOAN CENTRAL

2020 Tax Preparation Questionnaire & Authorizations

Section 1 - COMPLETED BY LOAN CENTRAL # W2s # 1099s #1098s #1095s #Other

Former Tax Customer New Tax Customer, **If new, who referred you?** (name&address) _____

YES NO **Will you be applying for a Tax Advance Loan(TAL) if your refund meets the minimum refund requirement?**

YES NO **Do you have W-2 forms from ALL employers you worked for last year?**

YES NO **Did you or your spouse receive unemployment compensation last year? (1099G form required)**

YES NO **Are you Self Employed or have Farm Income, or were you issued a 1099 in 2020? (additional application required)**

YES NO **If claiming dependents, do you have proof of residency for EITC (earned income tax credit) purposes or dependent's birth certificates?**

YES NO **Did you or your dependents attend college OR pay college expenses/interest in 2020? (Education Credit Form/1098T)**

YES NO **Do you or any member of your tax household have health insurance through the Marketplace (Obama Care) in 2020? (1095A)**

YES NO **Has the IRS ever assigned a IP PIN 6 digit number for identity theft reasons for taxpayer or spouse? (IRS CP01A Notice)**

YES NO **Did you receive an IRS Stimulus payment in 2020? If yes, how much? _____**

YES NO **Email my tax returns to Email address _____ @ _____ .com**

Section 2 - Complete for STATE, CITY, & SCHOOL DISTRICT PREPARATION, If No, skip Section 2.

YES NO **Did you live in the same state ALL of 2020? If NO, list ALL states in which you lived & the dates you lived there:**

Name of County you live in? _____ State _____ from _____ / _____ /2020 to _____ / _____ /2020

Name of School District? _____ State _____ from _____ / _____ /2020 to _____ / _____ /2020

YES NO **Do you request a City Tax Return? YES NO Do you request a School District Tax Return?**

YES NO **Direct your state refund(s) into your bank: Routing # _____ Account# _____ If No, the State will mail your refund to you.**

Section 3 - PERSONAL INFORMATION

Marital Status on 12/31/20: Single Married, When _____ Separated, When _____ Divorced, When _____ Widowed, When _____

Primary Taxpayer's Name (First, Middle, Last)		Date of Birth		Social Security Number	
Mother's Maiden Name	Cell phone	Other Contact Phone	Driver's License Number	Expiration Date	Alternate email address
Spouse's Name (First, Middle, Last)			Spouse's Date of Birth		Spouse's Social Security Number
Spouse's Mother's Maiden Name	Spouse's Cell phone	Spouse's Drivers License No.	Expiration Date	Spouse's email address	

Mailing Address (street, city, state, and zip)

Section 4 - DEPENDENT INFORMATION FOR WHOM YOU ARE CLAIMING If not claiming dependents, skip Section 4

To be **your dependent**, a person must be either your qualifying child or your qualifying relative. A person may be your qualifying child if they:

- Are your biological child, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of them. • Lived with you for more than half of the year.
- Did not provide more than half of his/her own support for the year. Was under 19 on 12/31/20 (under 24 if full time student or permanently and totally disabled).

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Dependent's Name				
Relationship to Taxpayer				
Social Security #	- -	- -	- -	- -
Date of Birth	/ /	/ /	/ /	/ /
# of months dependent lived with you in 2020?	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12
If born in 2001 or before, are they disabled? Full-time student? Where?	Disability began? Reason? <input type="checkbox"/> YES <input type="checkbox"/> NO Fulltime Student? Where?	Disabled? Full time student, where? <input type="checkbox"/> YES <input type="checkbox"/> NO Fulltime Student? Where?	Disabled? Full time student, where? <input type="checkbox"/> YES <input type="checkbox"/> NO Fulltime Student? Where?	Disabled? Full time student, where? <input type="checkbox"/> YES <input type="checkbox"/> NO Fulltime Student? Where?
Other Parent's Name & Address that is not listed on this return?	Other Parent's Name	Other Parent's Name	Other Parent's Name	Other Parent's Name
	Address	Address	Address	Address
Reason other parent or both parents are not claiming dependent?	<input type="checkbox"/> YES <input type="checkbox"/> NO Divorce/Separation Agreement	<input type="checkbox"/> YES <input type="checkbox"/> NO Divorce/Separation Agreement	<input type="checkbox"/> YES <input type="checkbox"/> NO Divorce/Separation Agreement	<input type="checkbox"/> YES <input type="checkbox"/> NO Divorce/Separation Agreement
Is the other Parent not listed on this return employed? Where?	<input type="checkbox"/> YES <input type="checkbox"/> NO Employed, Where?	<input type="checkbox"/> YES <input type="checkbox"/> NO Employed, Where?	<input type="checkbox"/> YES <input type="checkbox"/> NO Employed, Where?	<input type="checkbox"/> YES <input type="checkbox"/> NO Employed, Where?
Did Dependent live with anyone else in 2020? Who? How Long?	Name? How many months?	Name? How many months?	Name? How many months?	Name? How many months?