

Tax Preparation Questionnaire & Authorizations/2025 Tax Year

Section 1 - COMPLETED BY LOAN CENTRAL		# W2s	# 1099s	#1098s	#1095s	#Other
<input type="checkbox"/> Former Tax Client <input type="checkbox"/> NC Tax Client, Did anyone refer you? Who? (Collect Referral Coupon) _____						
<input type="checkbox"/> YES <input type="checkbox"/> NO Will you be applying for a Tax Advance Loan(TAL)? <input type="checkbox"/> YES <input type="checkbox"/> NO Paying up front for Tax Preparation at time of service?						
<input type="checkbox"/> YES <input type="checkbox"/> NO Do you &/or your spouse have ALL W-2 forms from ALL employers you worked in 2025? # Have OT Pay? (need last paystub - each OT job)						
<input type="checkbox"/> YES <input type="checkbox"/> NO Did you or your spouse receive unemployment compensation last year? (1099G form required)						
<input type="checkbox"/> YES <input type="checkbox"/> NO Are you Self Employed, have Farm Income, or were you issued a 1099 in 2025? (additional worksheet required)						
<input type="checkbox"/> YES <input type="checkbox"/> NO Withdraw any money from 401K/retirement acct in 2025?(1099R needed) <input type="checkbox"/> YES <input type="checkbox"/> NO Gambling Winnings? (W-2G needed)						
<input type="checkbox"/> YES <input type="checkbox"/> NO Did you or your dependents attend college OR pay college expenses/interest in 2025? (Education Credit Form/1098T)						
<input type="checkbox"/> YES <input type="checkbox"/> NO Did any member of your household have health insurance with Healthcare.gov/Marketplace/Obama Care at anytime in 2025? (1095A)						
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you or the IRS assigned an Identity Protection Pin (IP PIN), 6 digit number for ANYONE on your tax return? If YES, who? _____ PTIN# _____ (need IRS CP01A Notice) To retrieve go to IRS.GOV or call 800-908-4490.						
<input type="checkbox"/> YES <input type="checkbox"/> NO Email my tax returns to Email address _____ @ _____ .com						

Section 2 - Complete for STATE, CITY, & SCHOOL DISTRICT PREPARATION, If No, skip Section 2.	
<input type="checkbox"/> YES <input type="checkbox"/> NO Did you live in the same state ALL of 2025? County you lived in the majority of the year? _____ Name of School District? _____	If NO, list ALL states in which you lived & the dates you lived there: State _____ from _____ / _____ /2025 to _____ / _____ /2025 State _____ from _____ / _____ /2025 to _____ / _____ /2025
<input type="checkbox"/> YES <input type="checkbox"/> NO Request us to prepare City Tax Returns?	<input type="checkbox"/> YES <input type="checkbox"/> NO Request us to prepare a School District Tax Return?
<input type="checkbox"/> YES <input type="checkbox"/> NO Direct your state refund to your bank Name _____ Routing # _____ Account# _____ (If no, your state check will be mailed to you from the state tax department)	

Section 3 - PERSONAL INFORMATION		Check Marital Status as of 12/31/25 below:	
<input type="checkbox"/> Single <input type="checkbox"/> Married, When _____ <input type="checkbox"/> Separated from spouse, When _____ <input type="checkbox"/> Divorced, When _____ <input type="checkbox"/> Widowed, When _____			
Primary Taxpayer's Name (First, Middle, Last)		<input type="checkbox"/> Yes <input type="checkbox"/> No Can someone else claim you	Date of Birth _____ Social Security Number _____
Cell or contact phone	ID or Driver's License No	ID State	ID Issue Date
			ID Expiration
			Mother's Maiden Name
			Alternate email address
Mailing Address (street, city, state, and zip)			PO Box, if any
Spouse's Name (First, Middle, Last)		<input type="checkbox"/> Yes <input type="checkbox"/> No Can someone else claim you	Spouse's Date of Birth _____ Spouse's Social Security Number _____
Cell or contact phone	ID or Driver's License No	ID State	ID Issue Date
			ID Expiration
			Mother's Maiden Name
			Spouse's email address

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 he/she: • Is 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 and was under 19 on 12/31/25 (under 24 if full time student or permanently and totally disabled).			
Dependent's Name	Dependent 1	Dependent 2	Dependent 3
Relationship to Taxpayer			
Social Security #	- -	- -	- -
Date of Birth	/ /	/ /	/ /
No. of months they lived with you in 2025?	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
Other Parent's Name (NOT listed above) & address	Name _____ Address _____ ### Other Parent lives in my home? ### Divorced ### Never Married ### Other Parent is employed? Explain why other parent isnt claiming child?	Name _____ Address _____ ### Other Parent lives in my home? ### Divorced ### Never Married ### Other Parent is employed? Explain why other parent isnt claiming child?	Name _____ Address _____ ### Other Parent lives in my home? ### Divorced ### Never Married ### Other Parent is employed? Explain why other parent isnt claiming child?
If born in 2006 or before are they disabled?	<input type="checkbox"/> YES <input type="checkbox"/> NO Proof of Disability(ssi) Type of disability? Disability Start Date / /	<input type="checkbox"/> YES <input type="checkbox"/> NO Proof of Disability(ssi) Type of disability? Disability Start Date / /	<input type="checkbox"/> YES <input type="checkbox"/> NO Proof of Disability(ssi) Type of disability? Disability Start Date / /
If born in 2006 or before are they a full time student?	Full Time Student? <input type="checkbox"/> YES <input type="checkbox"/> NO High School/College (circle) School Name: _____	Full Time Student? <input type="checkbox"/> YES <input type="checkbox"/> NO High School/College (circle) School Name: _____	Full Time Student? <input type="checkbox"/> YES <input type="checkbox"/> NO High School/College (circle) School Name: _____
Did Dependent live with anyone else in 2025?	How many months in 2025? _____ Name of person they lived with? _____ Relationship: _____ Address: _____	How many months in 2025? _____ Name of person they lived with? _____ Relationship: _____ Address: _____	How many months in 2025? _____ Name of person they lived with? _____ Relationship: _____ Address: _____

Section 4 - DEPENDENT INFORMATION CONTINUED

☐ YES ☐ NO Do you have any children you are not claiming on this tax return? If yes, who & Why?

☐ YES ☐ NO Paid Daycare Expenses?

Amount Paid

Paid to:

Daycare Address

SS/EIN#

Section 5 - EMPLOYER INFORMATION

☐ YES ☐ NO Do you have Social Security Income? (SSA-1099 required)

☐ YES ☐ NO I am an educator and am eligible to take the Educator's Expense Deduction? Amount\$ _____ (\$300 max per person)

Taxpayer's Current Employer

From:

to:

If YOU have been employed less than one year, please list ALL other employers in 2025 and dates employed there:

1) _____ From: _____ To: _____ 3) _____ From: _____ To: _____

2) _____ From: _____ To: _____ 4) _____ From: _____ To: _____

Spouse's Current Employer

From:

to:

If YOU (Spouse) have been employed less than one year, please list ALL other employers in 2025 and dates employed there:

1) _____ From: _____ To: _____ 3) _____ From: _____ To: _____

2) _____ From: _____ To: _____ 4) _____ From: _____ To: _____

Section 6 - ADDITIONAL TAX INFORMATION

Did you owe the IRS last year?

1. ☐ YES ☐ NO Did you file a tax return last year? If NO, why? _____ ## Did you owe the State last year?
2. ☐ YES ☐ NO If you were due a refund last year, did you receive it? If NO why? _____
3. ☐ YES ☐ NO Is there a prior year that you didn't file a tax return and should have? What year(s)? _____
4. ☐ YES ☐ NO Refund delayed or audited by the IRS at any time in the past THREE Years? If yes, which year(s)? _____
5. ☐ YES ☐ NO Owe the IRS, State, Department of Agriculture, Department of Defense, or USDA? If yes, how much? _____
6. ☐ YES ☐ NO Filed for a bankruptcy petition in the last five years or plan to file? Date filed: _____ Discharge date: _____
7. ☐ YES ☐ NO Contribute any money to a 401K, IRA or other retirement savings account? If yes, amt contributed \$ _____
8. ☐ YES ☐ NO Withdrew any money from a 401K/retirement acct in years 2023, 2024, or 2025? If yes, which year & amt withdrawn? _____
9. ☐ YES ☐ NO Did you purchase a new vehicle in 2025 and finance it? Was it assembled in the US? _____ Provide the interest paid in 2025 to us!
10. ☐ YES ☐ NO Did you receive tips that were not reported on your W-2? If yes, how much? \$ _____
11. ☐ YES ☐ NO Legally responsible to pay child support? If yes, name(s) of children? _____
Which County _____ Are you past due ANY amount? ☐ YES ☐ NO If yes, amount past due \$ _____
12. ☐ YES ☐ NO Owe Student Loans, If yes, are any past due? ☐ YES ☐ NO Total balance owed \$ _____

Name Of Nearest Relative Not Living With You

Relationship

Phone Number

Address

AUTHORIZATION/APPLICANT(S) CERTIFICATION I agree I will not hold Loan Central liable for any misstatements or omissions I may have made.

Loan Central may keep this Questionnaire & Authorizations whether or not my Electronic Refund Product (ERP) is approved or if my tax return is not prepared.

I further authorize you to obtain from the Bureau of the Fiscal Service's Debt Management Services (DMS) via an automated system or by any other written, electronic or telephonic means, any and all information related to debt owed by me to the United States Government, to a State, or any debt enforced by a State, including child support obligations and/or any payments made or due to you by a federal or state agency, and/or any tax return information disclosed to DMS by information disclosed to DMS by the Internal Revenue Service in order to collect tax debt through the levy process under 26 U.S.C. 6331(h), and to conduct tax refund offset under 26 U.S.C. 6402. Tax "return information" is defined in 26 U.S.C 6103 (b). Information includes but is not limited to, correspondence & other information related to your debt(s) or payment(s), including your tax refund payment(s). I acknowledge that neither the Fiscal Service nor Loan Central are required to inform you of disclosures made under this authorization. This authorization will be valid for 1 year from the date of the signing of this Agreement, unless sooner revoked by you in writing and is received & processed by FMS at Supervisor, TOP Call Center, PO Box 1686, Birmingham, AL 35201-1686, with a copy sent to Loan Central at 1828 Eastern Ave, Gallipolis, OH 45631. A photocopy or facsimile copy of this signed authorization has the same force and effect as an original.

☐ YES ☐ NO I authorize Loan Central to contact me through Text Messaging and/or email to the cell phone number(s) & the email addresses I provided on this Questionnaire & Authorizations. I further understand that this is not a requirement to enter into an agreement as a condition for any ERPs or tax preparation. I understand Text Messaging rates may apply from my wireless phone provider and these charges are not the responsibility of Loan Central. If I no longer wish to receive messages via Text Messaging or Email, I must provide written notice to Loan Central at 1828 Eastern Avenue, Gallipolis, OH 45631.

☐ YES ☐ NO I authorize Loan Central to email my tax returns & all applicable disclosures to the email address I provided.

SIGNATURES: By signing my name below, I represent that everything I have stated in this Questionnaire & Authorizations are true and correct. I have read and understand each of the consents herein.

Taxpayer/Applicant Signature

Date

Taxpayer/Applicant Signature

Date

Any person who, with intent to defraud or knowing that he is facilitating a fraud against Loan Central, completes a questionnaire containing a false or deceptive statement is guilty of fraud which is a Federal crime punishable by fine or imprisonment, or both.