

**PLEASE COMPLETE THIS ENTIRE FORM - FRONT AND BACK**

**PLEASE SELECT FILING STATUS FOR YOUR 2019 TAX RETURN**

SINGLE     
  MARRIED FILING JOINTLY     
  MARRIED FILING SEPARATELY (Enter Spouse Info Below)  
 HEAD OF HOUSEHOLD SINGLE     
  HEAD OF HOUSEHOLD LEGALLY MARRIED     
  QUALIFYING WIDOW(ER) Date Deceased \_\_\_\_\_

**PERSONAL INFORMATION**

<b>TAXPAYERS NAME AS LISTED ON SS CARD (FIRST,MIDDLE,LAST)</b>			<b>SPOUSES NAME (Required information for filing jointly or separately)</b>		
<b>TAXPAYERS SOCIAL SECURITY NUMBER</b>		<b>DATE OF BIRTH</b>	<b>SPOUSES SOCIAL SECURITY NUMBER</b>		<b>DATE OF BIRTH</b>
- -		/ /	- -		/ /
<b>CELL PHONE</b>	<b>WORK PHONE</b>	<b>HOME PHONE</b>	<b>CELL PHONE</b>	<b>WORK PHONE</b>	<b>HOME PHONE</b>
<b>TAXPAYERS EMAIL ADDRESS (PLEASE WRITE CLEARLY)</b>			<b>SPOUSES EMAIL ADDRESS (PLEASE WRITE CLEARLY)</b>		
<b>COMPLETE PERMANENT MAILING ADDRESS, CITY, STATE, AND ZIP CODE</b>			<b>COMPLETE PERMANENT MAILING ADDRESS, CITY, STATE, AND ZIP CODE</b>		
<b>COMPLETE PERMANENT PHYSICAL ADDRESS (IF DIFFERENT)</b>			<b>COMPLETE PERMANENT PHYSICAL ADDRESS (IF DIFFERENT)</b>		
<b>NAME OF CLOSEST RELATIVE</b>		<b>RELATIONSHIP</b>	<b>PHONE NUMBER</b>		
<b>EMPLOYER NAME AND OCCUPATION</b>			<b>EMPLOYER NAME AND OCCUPATION</b>		
<b>HOW DID YOU HEAR ABOUT US</b>	<b>WHERE DID YOU FILE LAST YEAR AND HOW</b>		<b>HOW DID YOU HEAR ABOUT US</b>	<b>WHERE DID YOU FILE LAST YEAR AND HOW</b>	
<b>DO YOU WANT \$3 TO GO TO THE PRESIDENTIAL ELECTION FUND?</b>			<b>DO YOU WANT \$3 TO GO TO THE PRESIDENTIAL ELECTION FUND?</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		

**DEPENDENT INFORMATION - THIS SECTION AND ALL FIELDS MUST BE COMPLETED AND MATCH THE RECORDS OF SSA**

NAME OF DEPENDENT (FIRST, M.I., LAST)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE TAXPAYER *	NUMBER OF MONTHS LIVED IN YOUR HOME IN 2019	DID YOU PROVIDE OVER HALF OF THEIR SUPPORT	COLLEGE STUDENT OR DISABLED IN 2019

\*RELATIONSHIP DESCRIPTIONS - SON, DAUGHTER, STEPCHILD, FOSTER CHILD, BROTHER, SISTER, PARENT, DESCENDENT OF ANY OF THESE, OR OTHER

**IMPORTANT QUESTIONS - PLEASE ANSWER ALL QUESTIONS ACCURATELY**

DID YOU PAY REAL ESTATE TAXES IN 2019? \_\_\_\_\_ / DID YOU MAKE ESTIMATED TAX PAYMENTS? \_\_\_\_\_  
 DID YOU RECEIVE ANY GOVERNMENT ASSISTANCE OR SUPPORT IN 2019, SOCIAL SECURITY, SSI, VETERANS, ETC? \_\_\_\_\_  
 DID YOU PURCHASE A HOME ? \_\_\_\_\_ / DID YOU PURCHASE A NEW VEHICLE? \_\_\_\_\_  
 DID YOU MAKE ANY IMPROVEMENTS TO YOUR MAIN HOME IN 2019? \_\_\_\_\_  
 DO YOU OWN VIRTUAL CURRENCY?  YES     NO  
 DO YOU HAVE HEALTH INSURANCE THROUGH THE MARKETPLACE?  YES     NO  
 CAN YOU BE CLAIMED AS A DEPENDENT ON ANOTHER PERSON'S TAX RETURN?  YES     NO  
 DOES ANYONE ELSE USE YOUR MAILING ADDRESS TO FILE A RETURN?  YES     NO

**SOURCES OF INCOME - PLEASE ANSWER ALL THAT APPLY**

W-2 EMPLOYER INCOME     
  UNEMPLOYMENT COMPENSATION 1099G     
  SOCIAL SECURITY 1099SSA OR DISABILITY INCOME SSI  
 PENSION OR RETIREMENT INCOME 1099R     
  SELF EMPLOYMENT INCOME (Cash or 1099Misc)     
  CASH OR CHECK (No tax withheld)  
 INTEREST OR DIVIDEND INCOME     
  RENTAL PROPERTY     
  ALIMONY INCOME     
  CANCELED DEBT ON FORM 1099C  
 CAPITAL GAIN FROM SALE OF STOCKS, HOME, OTHER     
  W-2G GAMBLING INCOME     
  ANY OTHER TYPE OF INCOME

**DEDUCTIONS AND OTHER INFORMATION**

ITEMIZED DEDUCTIONS     
  IRA, 401K, RETIREMENT CONTRIBUTIONS     
  JOB RELATED MOVE     
  BLIND TAXPAYER/SPOUSE  
 MORTGAGE INTEREST     
  PROPERTY TAX     
  STATE RETURN     
  HYBRID VEHICLE PURCHASE     
  ALIMONY PAYMENTS

↓ **PLEASE TURN FORM OVER, COMPLETE, AND SIGN THE TWO AREAS ON THE BACK OF THIS FORM** ↓

**BANK INFORMATION FOR DIRECT DEPOSIT**

NAME OF BANK	BANK ROUTING NUMBER	BANK ACCOUNT NUMBER	CHECKING OR SAVINGS

**CHILD CARE PROVIDER INFORMATION - PLEASE COMPLETE THIS SECTION IF CLAIMING CHILD CARE CREDIT**

NAME OF CARE PROVIDER	ADDRESS, CITY, STATE, AND ZIP CODE	EMPLOYER ID NUMBER OR SS NUMBER	AMOUNT PAID

**YOU MUST READ ALL THE FOLLOWING INFORMATION AND SIGN ALL SECTIONS BELOW:**

BY SIGNING BELOW YOU INDICATE ALL INFORMATION FURNISHED ON THIS FORM IS CORRECT AND THAT YOU HAVE READ AND UNDERSTAND THIS AND ALL TAX PAPERS THAT YOU HAVE SIGNED, INCLUDING FORM(S) 1040(A, EZ, OR LONG). A \$10.00 FEE WILL BE CHARGED TO ALL RETURNS THAT ARE REJECTED FOR INCORRECT CUSTOMER INFORMATION ON THIS FORM. YOU ALSO UNDERSTAND THAT YOUR ELECTRONIC FILER HAS FILED THE TAX RETURN WITH THE IRS AND ONCE INITIATED THIS PROCESS CAN NOT BE STOPPED. YOU AGREE THAT YOU ARE RESPONSIBLE FOR THE FINAL ACCURACY OF YOUR TAX RETURN AND THAT YOU HAVE FURNISHED ALL NECESSARY PAPERWORK, W-2'S, AND ALL OTHER INCOME INFORMATION REGARDING YOUR FEDERAL RETURN. YOU ALSO AGREE TO HOLD TOM'S TAX SERVICE, IT'S AGENTS, EMPLOYEES, AND COMPANIES HARMLESS FOR ANY AND ALL ERRORS AND OMISSIONS OR STATEMENTS OR PREPARATION OF YOUR TAX RETURN. YOU ALSO AGREE NO VERBAL OR WRITTEN GUARANTEES MAY BE MADE ON YOUR INDIVIDUAL TAX RETURN TIMES, AMOUNTS, OR FUNDING DATES. NEITHER OUR OFFICE NOR THE IRS GUARANTEE ACTUAL FUNDING TIMES OR REFUND AMOUNTS ON A TAX RETURN.

<u>  X  </u>	<u>  /  /  </u>	<u>  X  </u>	<u>  /  /  </u>
TAXPAYER'S SIGNATURE (MUST BE SIGNED)	DATE	SPOUSE'S SIGNATURE (MUST BE SIGNED)	DATE

I AGREE TO PAY MY TAX PREPARATION FIRM THEIR FEES FOR PREPARING AND/OR FILING MY RETURN, REGARDLESS IF THE IRS OR THE BANK FUND ON MY ACCOUNT.  
I UNDERSTAND THESE FEES ARE DUE WITHIN 17 DAYS OF PREPARING AND/OR FILING MY TAX RETURN.

<u>  X  </u>	<u>  /  /  </u>	<u>  X  </u>	<u>  /  /  </u>
TAXPAYER'S SIGNATURE (MUST BE SIGNED)	DATE	SPOUSE'S SIGNATURE (MUST BE SIGNED)	DATE

YOU AGREE TO ALLOW US TO CONTACT FMS (FINANCIAL MANAGEMENT SERVICE) ON YOUR BEHALF TO VERIFY ANY GOVERNMENT DEBT OR TAX LIENS PRIOR TO FILING YOUR TAX RETURN.

<u>  X  </u>	<u>  /  /  </u>	<u>  X  </u>	<u>  /  /  </u>
TAXPAYER'S SIGNATURE (MUST BE SIGNED)	DATE	SPOUSE'S SIGNATURE (MUST BE SIGNED)	DATE

**IF YOU ARE APPLYING FOR A BANK PRODUCT, PLEASE READ THE FOLLOWING INFORMATION:**

- IN ORDER TO QUALIFY FOR A REFUND ANTICIPATION LOAN YOU **MUST** SATISFY THE FOLLOWING CONDITIONS!
1. YOU MUST BE AT LEAST EIGHTEEN YEARS OF AGE. (YOU MUST BE 18 TO FILE RAPID, IF NOT YOU CAN APPLY FOR THE TRANSFER CHECK IN 8 TO 17 DAYS).
  2. YOU MUST NOT OWE ANY BACK INCOME TAX FOR PREVIOUS TAX YEARS OR BE DELINQUENT OR OWE FOR ANY RAPID LOANS TO ANY RAL BANK.
  3. YOU MUST NOT HAVE ANY DELINQUENT STUDENT LOANS, VA LOANS, OR ANY OTHER TYPE OF FEDERALLY FUNDED OR SPONSORED LOANS.
  4. YOU MUST NOT HAVE A BANKRUPTCY FILED OR ANTICIPATE FILING BANKRUPTCY UNDER ANY GOVERNMENT INSOLVENCY LAWS.
  5. YOU MUST NOT HAVE PAID ESTIMATED TAXES OR HAD ANY PART OF LAST YEAR'S TAX REFUND APPLIED TO THIS YEAR'S TAXES.
  6. YOU MUST NOT HAVE ALREADY FILED THIS YEAR'S TAX RETURN BY MAIL OR COMPUTER
  7. YOU MUST NOT OWE ANY DELINQUENT CHILD SUPPORT AND/OR ALIMONY PAYMENTS.
  8. OTHER CRITERIA MAY APPLY, SEE RAL AND TRANSFER DISCLOSURE, AND ASK YOUR TAX PREPARER

**NOTICE TO OUR CUSTOMERS WHO SELECT A BANK PRODUCT. (IF YOU SELECT A NO MONEY UP FRONT OPTION:**

**COLLECTION OF AN OUTSTANDING RAL.** YOU AUTHORIZE SBBT (OUR BANK) TO EXCHANGE INFORMATION ABOUT YOUR CURRENT AND PRIOR RAL'S WITH OTHER RAL LENDERS, INCLUDING FIRST BANK OF DELAWARE OR REPUBLIC BANK AND TRUST OR ANY ONE OR MORE OF THESE LENDERS. IF YOU HAVE ANY OUTSTANDING UNPAID PRIOR RAL'S FROM PRIOR YEARS WITH SBBT OR ANY ONE OR MORE OF THESE LENDERS THAT HAVE NOT BEEN DISCHARGED IN BANKRUPTCY, YOU HEREBY IRREVOCABLY AUTHORIZE SBBT TO DEDUCT FROM THE ACCOUNT, AFTER DEDUCTING THE APPLICABLE FEES SET FORTH IN THIS AGREEMENT, THE TOTAL AMOUNT DUE ON THE PRIOR YEAR RAL'S AND FORWARD SUCH AMOUNT(S) TO THE APPROPRIATE RAL LENDER(S) PRIOR TO DISBURSING THE BALANCE OF THE ACCOUNT TO YOU. YOU UNDERSTAND THAT SBBT MAY BE ACTING AS A DEBT COLLECTOR HEREUNDER IN ATTEMPTING TO COLLECT A DEBT PURSUANT TO SECTION 7 AND MAY USE YOUR AUTHORIZATION PURSUANT TO THIS AGREEMENT AND ANY INFORMATION OBTAINED IN CONNECTION WITH THIS APPLICATION TO COLLECT A DELINQUENT RAL.

<u>  X  </u>	<u>  /  /  </u>	<u>  X  </u>	<u>  /  /  </u>
TAXPAYER'S SIGNATURE (MUST BE SIGNED)	DATE	SPOUSE'S SIGNATURE (MUST BE SIGNED)	DATE

**AVAILABLE SERVICES - PLEASE SELECT A SERVICE**

- |   |                          |                           |
|---|--------------------------|---------------------------|
| <input type="checkbox"/> TRANSFER CHECK / DIRECT DEPOSIT (7 to 17 days from IRS acceptance) | <b>NO MONEY UP FRONT</b> | <b>YOUR COST \$</b> _____ |
| <input type="checkbox"/> IRS E-FILE DIRECT DEPOSIT (8 to 17 days from IRS acceptance)       | <b>PAID UP FRONT</b>     | <b>YOUR COST \$</b> _____ |
| <input type="checkbox"/> IRS E-FILE CHECK BY MAIL (2 to 3 weeks from IRS acceptance)        | <b>PAID UP FRONT</b>     | <b>YOUR COST \$</b> _____ |

**OFFICE USE - FMS TAXPAYER** \_\_\_\_\_ **SPOUSE** \_\_\_\_\_ **YOUR REFUND AMOUNT IS** \$ \_\_\_\_\_