

PLEASE COMPLETE THIS ENTIRE FORM - FRONT AND BACK

PLEASE SELECT FILING STATUS FOR YOUR 2021 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

TAXPAYERS NAME AS LISTED ON SS CARD (FIRST,MIDDLE,LAST)			SPOUSES NAME (Required information for filing jointly or separately)		
TAXPAYERS SOCIAL SECURITY NUMBER		DATE OF BIRTH	SPOUSES SOCIAL SECURITY NUMBER		DATE OF BIRTH
- - / /			- - / /		
CELL PHONE	WORK PHONE	HOME PHONE	CELL PHONE	WORK PHONE	HOME PHONE
TAXPAYERS EMAIL ADDRESS (PLEASE WRITE CLEARLY)			SPOUSES EMAIL ADDRESS (PLEASE WRITE CLEARLY)		
COMPLETE PERMANENT MAILING ADDRESS, CITY, STATE, AND ZIP CODE			COMPLETE PERMANENT MAILING ADDRESS, CITY, STATE, AND ZIP CODE		
COMPLETE PERMANENT PHYSICAL ADDRESS (IF DIFFERENT)			COMPLETE PERMANENT PHYSICAL ADDRESS (IF DIFFERENT)		
NAME OF CLOSEST RELATIVE		RELATIONSHIP	PHONE NUMBER		
EMPLOYER NAME AND OCCUPATION			EMPLOYER NAME AND OCCUPATION		
HOW DID YOU HEAR ABOUT US	WHERE DID YOU FILE LAST YEAR AND HOW		HOW DID YOU HEAR ABOUT US	WHERE DID YOU FILE LAST YEAR AND HOW	
DO YOU WANT \$3 TO GO TO THE PRESIDENTIAL ELECTION FUND?			DO YOU WANT \$3 TO GO TO THE PRESIDENTIAL ELECTION FUND?		
<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 2021	DID YOU PROVIDE OVER HALF OF THEIR SUPPORT	COLLEGE STUDENT OR DISABLED IN 2021

*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 RECEIVE YOUR 3RD STIMULUS PAYMENT? _____ / HOW MUCH DID YOU RECEIVE? _____
 DID YOU RECEIVE GOVERNMENT ASSISTANCE OR SUPPORT IN 2021, SOCIAL SECURITY, SSI, VETERANS, ETC? YES NO
 DID YOU SELL A BUSINESS, PERSONAL PROPERTY, REAL ESTATE OR STOCKS IN 2021? YES NO
 DID YOU MAKE ANY IMPROVEMENTS TO YOUR MAIN HOME IN 2021? YES NO
 DO YOU HAVE HEALTH INSURANCE THROUGH THE MARKETPLACE? YES NO
 DID YOU BUY, SELL, SPEND OR TRADE VIRTUAL CURRENCY IN 2021? 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
 DID YOU RECEIVE ADVANCE CHILD TAX CREDIT PAYMENTS? _____ / HOW MUCH DID YOU RECEIVE? _____

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
 FORM 1099C CANCELLATION OF DEBT
 CAPITAL GAIN FROM SALE OF STOCKS, HOME, OTHER
 W-2G GAMBLING INCOME
 FARM INCOME
 ALL OTHER INCOME

DEDUCTIONS AND OTHER INFORMATION

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

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

BANK INFORMATION FOR DIRECT DEPOSIT OF TAX REFUND

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.

 X _____ / / X _____ / /
 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.

 X _____ / / X _____ / /
 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.

 X _____ / / X _____ / /
 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.

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

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