



Date _____

Taxpayer's Name _____

Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Email Address _____ Telephone Number _____

Occupation _____

Spouse's Name _____ Social Security Number _____ - _____ - _____

Spouse's Date of Birth _____ / _____ / _____ Occupation _____

Dependent's Information

Dependent's Name _____ D.O.B _____ / _____ / _____

Social Security Number _____ / _____ / _____ Relationship _____

Dependent's Name _____ D.O.B _____ / _____ / _____

Social Security Number _____ / _____ / _____ Relationship _____

Dependent's Name _____ D.O.B _____ / _____ / _____

Social Security Number _____ / _____ / _____ Relationship _____

Questionnaire

Last year you filed taxes _____ Do you owe the IRS? _____ If so, provide amount _____

Do you owe the state department of revenue? _____ If so, provide amount _____

Have you ever had a tax return audited, rejected, or adjusted by the IRS? _____

If "yes", explain the result of the situation _____

Do you have health insurance? Yes No

All Holiday Advance are provided and approved by The Tax Station Group

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Did you purchase health insurance at the "Marketplace"? Yes No

If "yes", please provide your required 1095-A.

Do you and/or member of your household have coverage exemption granted by the "Marketplace"?

Yes No

If "yes", provide coverage exemption code _____

Do you have an Identity Theft Pin issued from the IRS? Yes No

If so, please provide it _____

Do you have reported income from any of the following? If so, please provide amount and documentation,

Interest and Dividends _____

IRA or Pension Distribution _____

Unemployment Compensation _____

Social Security/Social Security Disability _____

Refund Options

Check

Direct Deposit

Bank/Financial Institution

Routing Number

Primary Account Number

Checking

Savings



Authorization of Services (please initial)

____ I understand that owing the IRS or any other federal agency an outstanding debt could change my refund amount.

____ I understand that the information provided by myself/my spouse as listed above to be true and accurate and will be used to prepare and process my 2021 income tax return.

____ I have knowledge of my estimated refund amount and total number of fees for the 2021 tax year.

____ I understand if I owe Optimal Tax Solutions or one of their sister companies from a previous year, that debt may also be deducted from my 2021 income tax return. This debt may include, but is not limited to, anticipation loan, holiday advance, tax preparation fees, etc.

____ I also understand that my refund will be issued as a check or direct deposited into my personal bank account.

Taxpayer Signature _____

Date _____

Spouse Signature _____

Date _____



Client Authorization for Services

_____ **REFUND REJECTION:** I understand if the IRS does NOT release my scheduled income tax refund, I am liable for paying income tax rejection fees in the amount of \$250.00 to Optimal Tax Solutions.

_____ **RECORD RECONSTRUCTION:** I give Optimal Tax Solutions authorization to deduct a record reconstruction service fee in the amount of \$_____ from my 2021 tax return for record services rendered.

_____ **ELECTRONIC FILING:** I give Optimal Tax Solutions authorization to file and process my 2021 income tax return.

I understand by **INITIALING** the services listed above, that I have a clear explanation of the services provided.

Print Name _____ Date _____

Signature _____ Date _____

Tax Professional _____ Date _____



Self-Employment Income Affidavit

I, _____, state that during the year of 2021, all, majority, or a portion of my income was self-employment. Meaning I was paid solely in cash for services rendered by my clients, customers, or the like. My profession for the year of 2021 was a/an _____, where I received an annual income of \$_____. I acknowledge that it is my responsibility to maintain accurate records of income and expenses, and do hereby hold Optimal Tax Solutions harmless. I certify that the information in this affidavit is true and correct to the best of my knowledge. I also understand that this information will be used by Optimal Tax Solutions to process and file my 2021 tax return.

Signature _____

Date _____

STATE OF ALABAMA
COUNTY OF MOBILE

I, the undersigned Notary Public in and for said County in said State, do hereby certify that _____, whose name is signed to the foregoing conveyance, and who is known to me, acknowledge before me on this _____ day of _____, 2021 being informed of the contents of the conveyance, he executed the same voluntarily on the day the same bears date.

NOTARY PUBLIC



Self-Employment Loss Affidavit

I, _____, state that during the year of 2021, I experienced a loss in income because of a business venture failure. My profession of this business was a/an _____, where I experienced a loss from my annual income in the amount of \$_____. I acknowledge that this is my responsibility to maintain and provide accurate records of expenses, and do hereby hold Optimal Tax Solutions harmless. I certify that the information in this affidavit is true and correct to the best of my knowledge. I also understand that this information will be used by Optimal Tax Solutions to process and file my 2021 income tax return.

Signature _____

Date _____

STATE OF ALABAMA
COUNTY OF MOBILE

I, the undersigned Notary Public in and for said County in said State, do hereby certify that _____, whose name is signed to the foregoing conveyance, and who is known to me, acknowledge before me on this _____ day of _____, 2021 being informed of the contents of the conveyance, he executed the same voluntarily on the day the same bears date.

NOTARY PUBLIC



Self-Employment Expenses

Those taxpayers filing self-employment income must complete the following table along with **initialing** by those supporting documents you have provided to the tax professional.

- Receipt book
- Records (i.e.: invoices, expense reports, summary of income, etc.)
- Cancelled checks
- Bank statements
- Form 1099
- EIN (employer identification number)
- Business license

Expense	Amount
Advertising	
Car and truck	
Commissions and fees	
Depletion	
Employee benefits	
Insurance expenses (other than Health insurance)	
a. Health insurance expense	
Mortgage interest	
Other business interest	

Legal & Professional services	
Office expenses	
Pension plan	
Rent or lease	
a. Machinery & equipment	
b. Other property	
Repairs & Maintenance	
Supplies	
Taxes & licenses	
Travel	
Meals & entertainment	
Utilities	
Wages paid	
Other expenses: Description-	

I certify that the information in this form is true and correct to the best of my knowledge. I also understand that this information will be used by Optimal Tax Solutions to process and file my 2021 income tax return.

Signature _____

Date _____



Due Diligence Questionnaire

General Questions

How many people live with you? Adults _____ Children _____ How many work? _____

Of those included above, list their relationship to the taxpayer: _____

Does anyone above make more than you? Yes No How much? \$ _____

Are expenses shared? (groceries, rent, insurance, etc.) Yes No

If AGI is less than \$15,000

How are you paying for rent, utilities, food, etc? _____

Are you getting assistance from: The County The State Other How much? _____

Does anyone give you funds to live on? Yes No How much? _____

If you live with your parents, who pays for the following:

Rent Me Parent Other How much? _____

Medical Me Parent Other How much? _____

Utilities/Food Me Parent Other How much? _____

Single Parent

Does the other parent make enough to support child? Yes No How much? _____

Where is the child's other parent? _____

Why isn't the other parent claiming the child? _____

How often does the child stay with the other parent? _____

Who carries health insurance? Me Other Parent Other How much? _____

Pays other medical expenses? Me Other Parent Other How much? _____

Watches children while at work? Me Other Parent Other How much? _____

Pays for daycare? Me Other Parent Other How much? _____

What school does the child attend? _____

Working parent with no childcare expenses

Does a family member watch the child(ren)? Yes No

Do they live with you? Yes No

Do they file a tax return? Yes No

If a male is claiming a young child as a dependent

Where is the child's mother? _____

Why is she not claiming the child? _____

Does the mother make more than you? Yes No

Who watches the child while you are at work? _____

Why didn't you report daycare expenses? _____ If so, how much? _____

If a family member cares for child, do they live with you? Yes No

Do they file a tax return? Yes No

If your child is in college

What school? _____

How long? _____

Who pays for the following:

Room & Board Me Other Parent Other How much? _____

Tuition Me Other Parent Other How much? _____

Books Me Other Parent Other How much? _____

Do you have proof child attended? Yes No

Does student live at home? Yes No

If someone helped with student cost, why didn't they claim the student? _____

Where does the other payee live? _____

Non-Standard Dependent (Grandchild, niece, nephew, stepchild, foster child, etc.)

List other adults in you home who are related to the child _____

Why aren't the child's parents claiming the child? _____

Where are the parents? _____

How long have you had the child? _____

Does the parent work or collect unemployment? Yes No How much? _____

Did parents send any funds to help care for the child? Yes No How much? _____

Do you receive any support for the child? Yes No How much? _____

How did you end up caring for this child? _____ When? ___/___/___

Do you have court documentation of custody? Yes No

Documents proving relationship to this child? Yes No

Adult Dependents

Who is this person? _____ Where do they live? _____

Are they disabled? Yes No

Can someone else claim them? Yes No

Why are they not filing their own return? _____

If you listed a child with the same last name as this adult, what is their relationship? _____

Are you less than 15 years older than your son/daughter Yes No

If "no" stop here. If "yes", complete the questions below:

Is this child really your child? Yes No Did you adopt the child? Yes No

Do you have legal proof of the adoption? Yes No

Are they really your sibling, not your child? Yes No

Why aren't the child's parents claiming them? _____

Where do they live? _____

Why are they not filing their own return? _____

Can someone else claim the child? Yes No

Did you list a child with the same last name as the above adult? If so, what is their relationship to each other?

By signing below, I hereby certify the information given above is true and accurate to the best of my knowledge.

Taxpayer Signature _____

Date _____



Holiday Advance Qualifications

For **ALL** clientele to receive an “approved” status on the Holiday Advance, certain qualifications must be met. Please note, one will receive a “denied” status if the qualification test is not passed:

1. File must be complete (a completed file includes: signed and dated intake forms; copy of dependent(s) social security card(s); W2 or notarized self-employment affidavit; and a copy of valid driver’s license.
2. **NO** federal offsets exceeding \$300 for new clients or \$500 for previous year clients.
3. **NO** disabled adult dependent(s) only.
4. **NO** school credit only taxpayers.
5. **NO** household help income for taxpayers.
6. **NO** returns under \$2,000 will be approved.
7. Taxpayer must provide birth certificates and/or previous tax transcripts to verify dependent’s information.
8. To qualify for \$750, refund amount **AFTER** fees must be at least \$6000.
9. Taxpayer must have an open checking account and provide a copy of a recent (within the last 30 days) bank statement.
10. Taxpayer must also provide a current utility bill.

If you have any additional questions regarding the approval or denial of your Holiday Advance, please do not hesitate to contact your Tax Professional.

All Holiday Advance are provided and approved by The Tax Station Group



Holiday Advance Affidavit

I, _____, authorize Optimal Tax Solutions to withdraw **\$500.00, \$750.00 or \$1,000.00** from my 2021 income tax return because of their Holiday Advance program. This program states that because I referred three individuals to Optimal Tax Solutions as marketing team members, I received the amount listed. I acknowledge that Optimal Tax Solutions will withdraw the initialed amount listed below from my 2021 income tax return.

Holiday Advance Program

Initial **ONLY** the selected amount.

_____ I state that **\$500.00** was given to me for Holiday Advance and as a part of this program, **\$750.00** will be deducted from my 2021 income tax return upon release from the IRS.

_____ I state that **\$750.00** was given to me for Holiday Advance and as a part of this Program, **\$1125.00** will be deducted from my 2021 income tax return upon release from the IRS.

_____ I state that **\$1,000.00** was given to me for Holiday Advance and as a part of this program **\$1,500.00** will be deducted from my 2021 income tax return upon release from the IRS.

References*

1. Name _____

Address _____

Telephone number _____

2. Name _____

Address _____

Telephone number _____

3. Name _____

Address _____

Telephone number _____

*NOTE: References must have a different physical address and filled out in entirety.

Disclosure

I understand that my refund amount will change from my initial estimate because of the *Holiday Advance* program. I understand that the information provided by myself as listed above to be true and accurate. I have knowledge that failure to return the full *Holiday Advance* will result in notification from Optimal Tax Solutions' lawyer to resolve this matter.

I also understand that previous debt owed to Optimal Tax Solutions or one of their sister companies, may also be deducted from my 2021 federal income tax return. By signing this affidavit, I state that I comply and agreement with the terms and conditions of this program.

Date Signed

Print Name

Signature

Authorized Representative of Optimal Tax Solutions



I, _____, give Optimal Tax Solutions permission to use my social security number to access the Federal Offset Agency.

I understand that this information is needed to process my anticipation loan and to ensure that I do not have any previous debts with a federal agency that could reduce my 2021 income tax refund amount.

I also understand that my information will not be used to access any other systems or without my knowledge.

Taxpayer

Tax Professional

Date