



KING OF REFUNDS CLIENT INFORMATION FORM

Taxpayer Name: _____ Taxpayer SSN: _____ -- _____ -- _____
 State ID/Driver License # _____ Issue Date _____ Expiration Date _____
 DOB: Month _____ Day _____ Year _____
 Address: _____ City: _____ State: _____ Zip _____
 E-mail Address _____ Cell Phone Number _____
 Cell Phone Provider _____ Occupation _____

Spouse Name _____ Spouse SSN: _____ -- _____ -- _____
 State ID/Driver License # _____ Issue Date _____ Expiration Date _____
 Spouse DOB: Month _____ Day _____ Year _____
 E-mail Address _____ Cell Phone Number _____
 Cell Phone Provider _____ Occupation: _____

Filing Status (circle one): Single Married (filing separate) Married (filing jointly) Head of Household
 Qualifying Widow/Widower

List any state in which you /spouse resided in 2019: _____

Referred by

Name _____ Phone # _____

Dependent Information

Please list dependents below and state their relationship: son, daughter, step-child, foster child, father, mother, grandson, granddaughter, nephew, niece, uncle, aunt, in-law or other. Also check if you have full custody. Some proof of relationship is required.

Name	DOB	SSN	RELATIONSHIP	MONTHS IN HOME

Check any of the following statements that apply to you: Did you and/or your spouse?

- | | |
|---|--|
| <input type="checkbox"/> Have a miscellaneous income | <input type="checkbox"/> Receive a 1099-MISCs |
| <input type="checkbox"/> Receive Unemployment | <input type="checkbox"/> Receive a 1099-G |
| <input type="checkbox"/> Receive Social Security Benefit | <input type="checkbox"/> Receive a 1099-SSA |
| <input type="checkbox"/> Receive any Interest Income | <input type="checkbox"/> Receive a 1099-INT |
| <input type="checkbox"/> Have a debt cancellation | <input type="checkbox"/> Receive a 1099 – C |
| <input type="checkbox"/> Receive any gambling winnings | <input type="checkbox"/> Receive a W2-G |
| <input type="checkbox"/> Receive any proceeds for sell of stocks | <input type="checkbox"/> Receive a 1099-B |
| <input type="checkbox"/> Have ordinary/qualified dividends | <input type="checkbox"/> Receive a 1099 – DIV |
| <input type="checkbox"/> Sell your home | <input type="checkbox"/> Receive a 1099 – S |
| <input type="checkbox"/> Pay any interest on a mortgage | <input type="checkbox"/> Receive a 1098 |
| <input type="checkbox"/> Receive any retirement distributions | <input type="checkbox"/> Receive a 1099-R |
| <input type="checkbox"/> Have health insurance | <input type="checkbox"/> Receive a 1095 – A, B, or C |
| <input type="checkbox"/> Receive a First-Time Homebuyer's Credit. If so, how much? _____ | |
| <input type="checkbox"/> Withdraw from your retirement, 401, or pension. If so, how much _____ | |
| <input type="checkbox"/> Earn income through Self-Employment? If so, please complete a Self-Employment Documentation Form and provide proper Self- Employment documents. (receipts, bank statement, licenses, etc.) | |

Did you and/or your spouse?

- | | |
|---|---|
| <input type="checkbox"/> Attend college | <input type="checkbox"/> Receive a 1098-T |
| <input type="checkbox"/> Pay interest on student loans | <input type="checkbox"/> Receive a 1098-E |
| <input type="checkbox"/> Have student loans or child support debts. If so, How much _____ | |
| <input type="checkbox"/> Have State and/or Federal debts? If so, how much _____ | |

Please provide the banking information to which your refund should be deposited?

- Name on the account. _____
- Is this a checking or savings account? _____
- Name of Bank: _____
- Bank's 9-digit Routing Transit Number _____
- Account Number _____

I/We attest that all the above information, I/we provided to the provider is true and to the best of my/our knowledge.

- | | |
|--------------------------------|-------------|
| Taxpayer Signature _____ | Date: _____ |
| Joint Taxpayer Signature _____ | Date: _____ |
| Prepped By _____ | Date: _____ |