

# E-File Questionnaire 2021

**PLEASE PRINT CLEARLY** - THIS IS A FILLABLE FORM – OPEN AND TYPE

*All information pertaining to your current tax return must be filled in.*

New IRS regulations beginning January 1, 2010 require us to notify our clients of the following information: We do not disclose any personal information to anyone and for your protection we will not release any information via phone, fax or mail without a written release form from you for each request. Check one answer for each question.

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any foreign bank accounts?
<input type="checkbox"/>	<input type="checkbox"/>	Does the paperwork turned in for income tax preparation include all income and expenses?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been denied Earned Income Tax Credit by the IRS in the last 3 years?

**Taxpayers** - *All information must be identical to Social Security records.*

	Mr. Taxpayer	Ms Taxpayer
Name	<input type="text"/>	<input type="text"/>
SS#	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Phone Number	<input type="text"/>	<input type="text"/>
Filing Status – Single, Married filing Joint, Married Filing Separately, HOH (Circle One)		

**Dependents** - *All information must be identical to Social Security records.*

Name	SS Number	Date of Birth	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

>>>>>>>>>DO NOT FORGET YOUR EMAIL ADDRESS<<<<<<<<<<<

**E-Mail Address:** \_\_\_\_\_

**Direct Deposit Information YES NO**

Bank Name:	<input type="text"/>
Routing Number:	<input type="text"/>
Account Number:	<input type="text"/>

Tax Year: 2021

Because of the new requirements by the Internal Revenue Service, I understand that I must have receipts for all deductions claimed on my tax return in case of an audit. I also understand that I must have receipts to go with cancelled checks.

By signing this statement, I understand that I am responsible for all figures given to my tax preparer and he is waived of any liability from the figures that I have given him.

I have provided proof of all dependents that I am claiming Earned Income credit for.

I understand that my tax return will not be submitted to the IRS until my entire preparation fee has been paid. **NO CREDIT FOR ANYONE.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Your Current Address that you want on Tax Return**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

A copy of your tax return will be emailed to you – save a copy to your computer or print a copy – additional emails will cost you \$50. The password is the taxpayer's complete social security number without the dashes. If I can not read your email address, you won't receive a copy. It will cost you \$50 for a printed copy. Additional copies are also \$50 for each year.

## **Stimulus Checks**

A 3<sup>rd</sup> stimulus check went out in March 2021 and was \$1400 for each eligible person in your household. How much was your payment for this stimulus check (Must be exact to avoid delay of your tax refund).

Amount we received \_\_\_\_\_

## **Child Tax Credit**

Some families were eligible to receive child tax credit advance payments. If you received advance payments from July 2021 to December 2021, how much did you receive in total?

Amount received – TOTAL \_\_\_\_\_

**JUST SIGN WHERE INDICATED BELOW**

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
Spouse's name	Spouse's social security number

**Part I Tax Return Information – Tax Year Ending December 31,** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1
2	Total tax	2
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3
4	Amount you want refunded to you	4
5	Amount you owe	5

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

- I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_ as my signature on the income tax return (original or amended) I am now authorizing. **ERO firm name** [ ] [ ] [ ] [ ] [ ]  
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

- I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_ as my signature on the income tax return (original or amended) I am now authorizing. **ERO firm name** [ ] [ ] [ ] [ ] [ ]  
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication – Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**