



Contact Information

Name: _____ Phone Number: _____

Email: _____

Taxpayer Information

Filing Status: Single Married Filing Jointly Married Filing Separately
 Head of Household Widow

Name: _____ SSN: _____ - _____ - _____

Address: _____

Email: _____ Occupation: _____

Taxpayer's Spouse Information (If Applicable)

Name: _____ SSN: _____ - _____ - _____

Address: _____

Email: _____ Occupation: _____

Documents Needed for Your Tax Preparation Service

- Copy of Your Driver License
- Copy of Your Spouse's Driver License (If Married Filing Jointly)
- Copy of Birth Certificate of All Dependents Being Claimed
- School Letter for All Dependents Being Claimed (If Students)
- Childcare Letter with Business Information, Your Address, and Fees Paid (If Applicable)

We need **ALL the forms** you have received or should receive but have not received from **ALL Employers / Payers / and any other source of income you had**, including the following forms:

- W2 1099 (NEC, Misc, C, SSA, Div...) 1098 (T...) 1095 (A, B) K-1
- And any other Tax Form that should be included in your Tax Filing.

NEXT 



Dependent's Information (#1)

Full Name: _____ Date of Birth: ____/____/____

Relationship: _____ What School Attends?: _____

How many months lived in the same address with the taxpayer? _____ Months.

Did you pay **50% or more of the expenses** for this dependent? Yes No

Can somebody else claim this dependent? Yes No (If yes, why is the other person not claiming the dependent? _____ and If known, where is the other person? _____).

Did this dependent earn **\$4,400** or more? Yes No

Is this dependent disabled? Yes No (If yes, we need the Doctor's Letter).

Dependent's Information (#2)

Full Name: _____ Date of Birth: ____/____/____

Relationship: _____ What School Attends?: _____

How many months lived in the same address with the taxpayer? _____ Months.

Did you pay **50% or more of the expenses** for this dependent? Yes No

Can somebody else claim this dependent? Yes No (If yes, why is the other person not claiming the dependent? _____ and If known, where is the other person? _____).

Did this dependent earn **\$4,400** or more? Yes No

Is this dependent disabled? Yes No (If yes, we need the Doctor's Letter).

Dependent's Information (#3)

Full Name: _____ Date of Birth: ____/____/____

Relationship: _____ What School Attends?: _____

How many months lived in the same address with the taxpayer? _____ Months.

Did you pay **50% or more of the expenses** for this dependent? Yes No

Can somebody else claim this dependent? Yes No (If yes, why is the other person not claiming the dependent? _____ and If known, where is the other person? _____).

Did this dependent earn **\$4,400** or more? Yes No

Is this dependent disabled? Yes No (If yes, we need the Doctor's Letter).





General Questions | ALL QUESTIONS ARE RELATED TO THE WHOLE TAX YEAR.

- 1) Did you buy/sell/trade/any interest in **Cryptocurrency**? Yes No
- 2) Would you like to donate **\$3 to the Elections Campaign**? Yes No
- 3) Did you make any **Estimated Tax Payments**? Yes No
- 4) Did you have **Health Insurance** through **Obamacare**? Yes No
- 5) Was **any of the persons** included in this tax return (taxpayers and dependents), **outside the United States of America**, 6 months or more? Yes No
- 6) For **any of the persons** included in this filing, have they ever been **denied a Tax Credit before**? Yes No
- 7) Is there **any specific Tax Issue that we should be aware of** with this return?
 Yes No
- 8) During **2023**, did you have **any foreign account**? Yes No (If yes, are you required to file any form with the IRS? Yes No)
- 9) Did anyone receive **Unemployment**? Yes No
- 10), **did somebody else pay for your, your spouse, and/or your dependents living expenses**? Yes No
- 11) Did the **dependents** (not for parents) **live with your more than 6 months** in the same address? Yes No
- 12) Were **any of the persons** included in this return, a **Non-Resident of the United States during the tax year**? (Non-resident: a person who lived 6 months or more outside the United States) Yes No
- 13) Was **any of the persons** included in this return, **an active member of the U.S. Army**?
 Yes No

Please write below any specific questions you would like to discuss with your tax preparer:





Direct Deposit Information

If you would like to receive your Tax Refund by direct deposit, please attach a voided check or fill the following information:

Bank Name: _____ Account Type: [] Savings [] Checking

Routing Number:

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Account Number:

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Terms & Conditions Agreement

By signing below, you agree and accept our Terms & Conditions as follows:

In no event shall BBN Business Solutions, BBN Business Solutions Inc, its owners, representatives, subsidiaries, affiliates, suppliers, and/or the respective employees, collectively "The Provider" be liable for any special, indirect, incidental, consequential or exemplary damages arising out of or in connection with the products, sales, bids, service, services and/or these terms and conditions (however arising, including negligence), including lost profits, whether or not the possibility of such damages was, or could have been, known. The liability of The Provider, to you and/or any third party in any circumstance is limited to the amount paid by you for the product and/or service purchased from The Provider or fifty (\$50.00) US American Dollars, whichever lowest. The foregoing limitation of liability shall apply whether any claims based upon principles of contract, warranty, negligence and/or other tort, breach of any statutory duty, principles of indemnity and/or contribution, the failure of any limited and/or exclusive remedy to achieve its essential purpose and/or otherwise and/or any other failure. You agree to these terms and conditions and you agree to mandatory arbitration. This limited liability agreement will apply and remain in full effect to this service and/or any other previous, current, and/or future service(s) acquired from The Provider. If one section of the entire sale and/or agreement does not apply, the rest should remain in full extent. Client (You, Customer, Buyer) agree(s) that any and all sales, transactions, and/or services offered through The Provider, constitutes a sale under applicable Florida law with jurisdiction and venue solely and exclusively in Osceola County, Florida, USA.

You also agree that all information provided to us written and/or verbally is true, complete, and correct, and it will be used in connection to the services performed by us.

Name: _____

Signature: _____

Date: _____