

## Integrity Tax Refund Client Data Worksheet

Taxpayers Name \_\_\_\_\_ Spouse Name \_\_\_\_\_  
 Occupation (Job title) \_\_\_\_\_ Occupation \_\_\_\_\_

SSN \_\_\_-\_\_\_-\_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_-\_\_\_-\_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Number \_\_\_\_\_ Email \_\_\_\_\_

Referred by: \_\_\_\_\_ Prior Year Refund amount: \_\_\_\_\_

Driver Lic/ID# \_\_\_\_\_ ID State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver Lic/ID# \_\_\_\_\_ ID State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Filing Status:

Single (Only you are living there, no dependent live with you)

Head of Household (You are paying all the bills & dependent live with you)

Married Filing Joint  Married Filing Separate  Qualifying Widower

Dependent Name (List youngest First)	Birthdate	SSN	Relation to you Son, Nephew, etc.	Months dependent lived with you (1-12 months) <u>Below</u>	Dependent disabled? <u>Yes or No</u> <u>Below</u>
1.					
2.					
3.					
4.					

Check Your Source of income?

(Job) W2  1099 Contractor  Self Employed  SSI/SSA  Unemployment

Other

[If you purchased Obama Insurance in 2016; failure to file "FORM 1095-A" will result in the delay of your tax refund]

1.  Yes  No Do you own a home?
2.  Yes  No Are you a returning client?
3.  Yes  No Do you have Healthcare Insurance?
4.  Yes  No Do you have any Unfiled tax returns?
5.  Yes  No Have you ever been Audited by the IRS?
6.  Yes  No Were you already claimed as a Dependent?
7.  Yes  No Has the IRS ever issued you an Identity Theft Pin Number?
8.  Yes  No Do you owe the IRS, Delinquent Student Loans, or Back Child Support
9.  Yes  No Are you looking to purchase a vehicle or know someone that maybe interested?
10.  Yes  No Are you on government assistance, and or do you plan to purchase a house in the next 2 years?
11.  Yes  No Do you authorize consent for Integrity Tax Refunds to verify you have no back Debt with IRS?
12.  Yes  No Do you attend college or pay for your child to attend college, and or pay for work certification courses?
13.  Yes  No Are you interested in Credit Restorations towards home ownership?

How would you like your refund?  Direct Deposit Or  Check

Bank Name: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_ (9 numbers long)  
Bank Account #: \_\_\_\_\_  Checking  Savings

Daycare Information

Provider's Name \_\_\_\_\_ Provider's/EIN \_\_\_\_\_  
Address \_\_\_\_\_ Total Amount Paid to Daycare \$ \_\_\_\_\_  
\_\_\_\_\_

List Dependents that Receive childcare Assistance?  
\_\_\_\_\_

College Education Expenses

Did you acquire and educational expenses in 2017?  Yes  No Total Cost \$ \_\_\_\_\_  
School Name \_\_\_\_\_ Address \_\_\_\_\_

NOTICE: (1) By signing form below, I certify that all information is true, Complete, and accurate. I understand that false information may be grounds for the federal government to seek criminal charges against myself. I also release Integrity Tax Refunds from any liability related to the information provided. My signature also authorized Integrity Tax Refunds to electronically file my tax year 2017 income tax return. I am aware my refund can take typically between 9 to 21 business days to deposit in my account.

NOTICE: (2) It is important that you present all your income and expense statements i.e. W-2, unemployment, retirement, P&L, etc. Failure to report such documents could result in the delay of your refund and or you will receive a IRS audit notice via mail. IF you have read and understand this notice, please sign and date below.

\_\_\_\_\_  
Tax Payer Signature Date Spouse Signature Date

Tax Preparer Name \_\_\_\_\_

