

LOAN CENTRAL

2024 Tax Preparation Questionnaire & Authorizations

Section 1 - COMPLETED BY LOAN CENTRAL	# W2s	# 1099s	#1098s	#1095s	#Other
<input type="checkbox"/> Former Tax Client (<input type="checkbox"/> NC Tax Client, Did anyone refer you? Who? (Collect Referral Coupon) _____)					
<input type="checkbox"/> YES <input type="checkbox"/> NO Will you be applying for a Tax Advance Loan(TAL)?					
<input type="checkbox"/> YES <input type="checkbox"/> NO Do you &/or your spouse have ALL W-2 forms from ALL employers you worked for last year?					
<input type="checkbox"/> YES <input type="checkbox"/> NO Did you or your spouse receive unemployment compensation last year? (1099G form required)					
<input type="checkbox"/> YES <input type="checkbox"/> NO Are you Self Employed or have Farm Income, or were you issued a 1099 in 2024? (additional application required)					
<input type="checkbox"/> YES <input type="checkbox"/> NO If claiming dependents, do you have proof of residency for EITC (earned income tax credit) purposes or dependent's birth certificates?					
<input type="checkbox"/> YES <input type="checkbox"/> NO Did you or your dependents attend college OR pay college expenses/interest in 2024? (Education Credit Form/1098T)					
<input type="checkbox"/> YES <input type="checkbox"/> NO Do you or any member of your household have health insurance with Healthcare.gov/Marketplace/Obama Care in 2024? (1095A)					
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you or the IRS assigned an Identity Protection Pin (IP PIN), 6 digit number for ANYONE on your tax return? If YES, who? _____ PTIN# _____ (need IRS CP01A Notice) To retrieve go to IRS.GOV or call 800-908-4490.					
<input type="checkbox"/> YES <input type="checkbox"/> NO Email my tax returns to Email address _____ @ _____ .com					

Section 2 - Complete for STATE, CITY, & SCHOOL DISTRICT PREPARATION, If No, skip Section 2.	
<input type="checkbox"/> YES <input type="checkbox"/> NO Did you live in the same state ALL of 2024? If NO, list ALL states in which you lived & the dates you lived there:	
County you lived in the majority of the year? _____	State _____ from _____ / _____ /2024 to _____ / _____ /2024
Name of School District? _____	State _____ from _____ / _____ /2024 to _____ / _____ /2024
<input type="checkbox"/> YES <input type="checkbox"/> NO You want us to prepare a City Tax Return?	<input type="checkbox"/> YES <input type="checkbox"/> NO You want us to prepare a School District Tax Return?
<input type="checkbox"/> YES <input type="checkbox"/> NO Direct your state refund(s) into your bank: Bank Name _____ Routing # _____ Account# _____ (If no, your state check will be mailed to you from the state tax department)	

Section 3 - PERSONAL INFORMATION		Check Marital Status as of 12/31/24 below:	
<input type="checkbox"/> Single <input type="checkbox"/> Married, When _____ <input type="checkbox"/> Separated from spouse, When _____ <input type="checkbox"/> Divorced, When _____ <input type="checkbox"/> Widowed, When _____			
Primary Taxpayer's Name (First, Middle, Last)		<input type="checkbox"/> Yes <input type="checkbox"/> No Can someone else claim you as a dependent?	Date of Birth
		Social Security Number	
Mother's Maiden Name	Cell or contact phone	ID or Driver's License No.	ID Issue Date
		ID Expiration	ID State
		Alternate email address	
Spouse's Name (First, Middle, Last)		<input type="checkbox"/> Yes <input type="checkbox"/> No Can someone else claim you as a dependent?	Spouse's Date of Birth
		Spouse's Social Security Number	
Spouses Mother's Maiden Name	Cell or contact phone	ID or Driver's License No.	ID Issue Date
		ID Expiration	ID State
		Spouse's email address	

Mailing Address (street, city, state, and zip)	PO BOX
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Section 4 - DEPENDENT INFORMATION FOR WHOM YOU ARE CLAIMING (If not claiming dependents, skip Section 4)	
To be your dependent* , a person must be either your qualifying child or your qualifying relative. A person may be your qualifying child if they:	
<input checked="" type="checkbox"/> Are your biological child, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of them. <input checked="" type="checkbox"/> Lived with you for more than half of the year.	
<input checked="" type="checkbox"/> Did not provide more than half of his/her own support for the year. Was under 19 on 12/31/24 (under 24 if full time student or permanently and totally disabled).	

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Dependent's Name				
Relationship to Taxpayer				
Social Security #	- -	- -	- -	- -
Date of Birth	/ /	/ /	/ /	/ /
# of months dependent lived with you in 2024?	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12
If born in 2005 or before are they disabled?	<input type="checkbox"/> YES <input type="checkbox"/> NO Proof of Disability(SS)I Type of disability? Disability Start Date / /	<input type="checkbox"/> YES <input type="checkbox"/> NO Proof of Disability(SS)I Type of disability? Disability Start Date / /	<input type="checkbox"/> YES <input type="checkbox"/> NO Proof of Disability(SS)I Type of disability? Disability Start Date / /	<input type="checkbox"/> YES <input type="checkbox"/> NO Proof of Disability(SS)I Type of disability? Disability Start Date / /
If born in 2005 or before are they a full time student?	<input type="checkbox"/> YES <input type="checkbox"/> NO Fulltime Student? High School or College? What Schools?	<input type="checkbox"/> YES <input type="checkbox"/> NO Fulltime Student? High School or College? What Schools?	<input type="checkbox"/> YES <input type="checkbox"/> NO Fulltime Student? High School or College? What Schools?	<input type="checkbox"/> YES <input type="checkbox"/> NO Fulltime Student? High School or College? What Schools?
Other Parent's Name & Address that is NOT listed on this return?	<input type="checkbox"/> YES <input type="checkbox"/> NO Divorce Agreement Other Parent's Name Address	<input type="checkbox"/> YES <input type="checkbox"/> NO Divorce Agreement Other Parent's Name Address	<input type="checkbox"/> YES <input type="checkbox"/> NO Divorce Agreement Other Parent's Name Address	<input type="checkbox"/> YES <input type="checkbox"/> NO Divorce Agreement Other Parent's Name Address
Did Dependent live with anyone else in 2024?	How many months in 2024? _____ Name of person they lived with? _____ Relationship: _____ Address: _____	How many months in 2024? _____ Name of person they lived with? _____ Relationship: _____ Address: _____	How many months in 2024? _____ Name of person they lived with? _____ Relationship: _____ Address: _____	How many months in 2024? _____ Name of person they lived with? _____ Relationship: _____ Address: _____

Section 4 - DEPENDENT INFORMATION CONTINUED

YES NO Do you have any children you are not claiming on this tax return? If yes, who & Why?

YES NO Paid Daycare Expenses?

Amount Paid

Paid to:

Daycare Address

SS/EIN#

Section 5 - EMPLOYER INFORMATION

YES NO Do you have Social Security Income? (SSA-1099 required)

YES NO I am an educator and am eligible to take the Educator's Expense Deduction? Amount\$ _____ (\$300 max per person)

Taxpayer's Current Employer

From:

to:

If YOU have been employed less than one year, please list ALL other employers in 2024 and dates employed there:

1) _____ From: _____ To: _____ 3) _____ From: _____ To: _____

2) _____ From: _____ To: _____ 4) _____ From: _____ To: _____

Spouse's Current Employer

From:

to:

If YOU (Spouse) have been employed less than one year, please list ALL other employers in 2024 and dates employed there:

1) _____ From: _____ To: _____ 3) _____ From: _____ To: _____

2) _____ From: _____ To: _____ 4) _____ From: _____ To: _____

Section 6 - ADDITIONAL TAX INFORMATION

1. YES NO Did you file your 2023 Taxes? If NO, why? _____

2. YES NO If you were due a refund last year, did you receive it? If NO why? _____

3. YES NO Is there a prior year in the past that you didn't file a tax return and should have? What year(s)? _____

4. YES NO Audited by the IRS at any time in the past THREE Years? If yes, which year(s)? _____

5. YES NO Owe the IRS, State, Department of Agriculture, Department of Defense, or the USDA?

6. YES NO Filed for a bankruptcy petition in the last five years or plan to file? Date filed: _____ Discharge date: _____

7. YES NO Contribute any money to a 401K, IRA or other retirement savings account? If yes, amt contributed \$ _____

8. YES NO Are you obligated to repay the First Time Homebuyers Credit? If yes, amount to repay? \$ _____

9. YES NO Withdrew any money from a 401K/retirement acct in years 2022, 2023, or 2024? If yes, which year & amt withdrawn? _____

10. YES NO Did you have gambling winnings in 2024? If yes, amount of winnings \$ _____ (W-2G)

11. YES NO Legally responsible to pay child support? If yes, name(s) of children? _____

Which County _____ Are you past due ANY amount? YES NO If yes, amount past due \$ _____

12. YES NO Owe Student Loans, If yes, are any past due? YES NO Total balance owed \$ _____

Name Of Nearest Relative Not Living With You

Relationship

Phone Number

Address

AUTHORIZATION/APPLICANT(S) CERTIFICATION I agree I will not hold Loan Central liable for any misstatements or omissions I may have made.

Loan Central may keep this Questionnaire & Authorizations whether or not my Electronic Refund Product (ERP) is approved or if my tax return is not prepared.

I further authorize you to obtain from the Bureau of the Fiscal Service's Debt Management Services (DMS) via an automated system or by any other written, electronic or telephonic means, any and all information related to debt owed by me to the United States Government, to a State, or any debt enforced by a State, including child support obligations and/or any payments made or due to you by a federal or state agency, and/or any tax return information disclosed to DMS by information disclosed to DMS by the Internal Revenue Service in order to collect tax debt through the levy process under 26 U.S.C. 6331(h), and to conduct tax refund offset under 26 U.S.C. 6402. Tax "return information" is defined in 26 U.S.C 6103 (b). Information includes but is not limited to, correspondence & other information related to your debt(s) or payment(s), including your tax refund payment(s). I acknowledge that neither the Fiscal Service nor Loan Central are required to inform you of disclosures made under this authorization. This authorization will be valid for 1 year from the date of the signing of this Agreement, unless sooner revoked by you in writing and is received & processed by FMS at Supervisor, TOP Call Center, PO Box 1686, Birmingham, AL 35201-1686, with a copy sent to Loan Central at 1828 Eastern Ave, Gallipolis, OH 45631. A photocopy or facsimile copy of this signed authorization has the same force and effect as an original.

YES NO I authorize Loan Central to contact me through Text Messaging and/or email to the cell phone number(s) & the email addresses I provided on this Questionnaire & Authorizations. I further understand that this is not a requirement to enter into an agreement as a condition for any ERPs or tax preparation. I understand Text Messaging rates may apply from my wireless phone provider and these charges are not the responsibility of Loan Central. If I no longer wish to receive messages via Text Messaging or Email, I must provide written notice to Loan Central at 1828 Eastern Avenue, Gallipolis, OH 45631.

YES NO I authorize Loan Central to email my tax returns & all applicable disclosures to the email address I provided.

SIGNATURES: By signing my name below, I represent that everything I have stated in this Questionnaire & Authorizations are true and correct. I have read and understand each of the consents herein.

Taxpayer/Applicant Signature

Date

Taxpayer/Applicant Signature

Date

Any person who, with intent to defraud or knowing that he is facilitating a fraud against Loan Central, completes a questionnaire containing a false or deceptive statement is guilty of fraud which is a Federal crime punishable by fine or imprisonment, or both.