

Date:

TAX QUESTIONNAIRE

Office Use Only: Online Usage only

First Name M.I. Last Name DOB Social Security No. Street Address Apt. No. City State Zip Home Phone Work Phone Cell Phone Email Address Occupation

Spouse Information:

First Name M.I. Last Name DOB Social Security No. Street Address Apt. No. City State Zip Home Phone Work Phone Cell Phone Email Address Occupation

DEPENDENTS

First Name M.I. Last Name DOB Social Security No.

Relationship Does the dependent child live with you? () Yes () No

First Name M.I. Last Name DOB Social Security No.

Relationship Does the dependent child live with you? () Yes () No

First Name M.I. Last Name DOB Social Security No.

Relationship Does the dependent child live with you? () Yes () No

First Name M.I. Last Name DOB Social Security No.

Relationship Does the dependent child live with you? () Yes () No

Have you ever owed back child support? Yes / No Do you owe student loans? Yes / No Do you owe any back taxes? Yes / No Have you ever had your taxes intercepted (taken)? Yes / No

Marital Status? [] Single [] Head of Household [] Married Filing Jointly [] Married Filing Separate

Please have the following information available to copy:

- Copy of Drivers License or State Identification
Copy of Social Security Cards

If you would like direct deposit, please provide:

- Routing Number
Account Number

DISCLAIMER

You agree that SKS Tax Service and _____ operates as a tax preparation and electronic filing firm. Therefore, they cannot be held accountable for any claims of damages suffered by any client. This service cannot be responsible for tax information furnished by the client. This service will, however, assist any client with disputes resulting from clerical error. If necessary, this tax service may appear as a witness, on behalf of client, in an audit by the IRS provided that scheduling allows. You hereby irrevocably authorize SKS Tax Service to use this signed agreement as authorization to deduct the amount of the any outstanding tax preparation fees, prior to disbursing the remainder of your refund. You understand SKS Tax Service may act as a debt collector hereunder in attempting to collect a debt pursuant to the Kentucky State debt collection laws, and may use your authorization pursuant to this agreement and any information obtained in connection with this questionnaire to collect any unpaid tax preparation fees or similar type loans. You understand by submitting this questionnaire that you are submitting to a collection process that may result in you repaying a debt. I _____ acknowledge that the above information is true and correct to the best of my knowledge on this ___ day of _____ 2009

Tax Client

Date

Spouse (If Joint) Signature

Date