



**HABLAMOS ESPAÑOL**

**1363B Cypress Avenue | Melbourne, FL 32935**

**321-802-9475**

**TAXPAYER INFORMATION**

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

SSN or ITIN \_\_\_\_\_

DOB \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

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

\*EMAIL \_\_\_\_\_

\*Cell Phone \_\_\_\_\_

\*Alternate Phone \_\_\_\_\_

Circle if: Disabled, Blind, Deceased, Student, Active Duty Military, Surviving Spouse, Presidential Campaign, Someone can claim you as a dependent, Valid SSN for EIC, Qualifying child of another person for EIC. Did you have health insurance last year? Marketplace or Private? Filing Status Single, HOH, MFJ, MFS

**SPOUSE INFORMATION**

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

SSN or ITIN \_\_\_\_\_

DOB \_\_\_\_\_ Occupation \_\_\_\_\_

Circle if Disabled, Blind, Deceased, Student, Active Duty Military, Surviving Spouse, Presidential Campaign, Someone can claim you as a dependent, Valid SSN for EIC, Qualifying child of another person for EIC. Did you have private or marketplace health insurance last year?

**DIRECT DEPOSIT INFO | BANK**

RTN# \_\_\_\_\_

ACCT# \_\_\_\_\_

**DEPENDENT INFORMATION**

1. FIRST NAME \_\_\_\_\_

MIDDLE INITIAL \_\_\_\_\_

LAST NAME \_\_\_\_\_

Relationship \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_

Did dependent have health insurance last year? \_\_\_\_\_ Circle Marketplace | Private?

Did dependent live more than half of tax year with you? \_\_\_\_\_

2. FIRST NAME \_\_\_\_\_

MIDDLE INITIAL \_\_\_\_\_

LAST NAME \_\_\_\_\_

Relationship \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_

Did dependent have health insurance last year? \_\_\_\_\_ Circle Marketplace | Private?

Did dependent live more than half of tax year with you? \_\_\_\_\_

3. FIRST NAME \_\_\_\_\_

MIDDLE INITIAL \_\_\_\_\_

LAST NAME \_\_\_\_\_

Relationship \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_

Did dependent have health insurance last year? \_\_\_\_\_ Circle Marketplace | Private?

Did dependent live more than half of tax year with you? \_\_\_\_\_

4. FIRST NAME \_\_\_\_\_

MIDDLE INITIAL \_\_\_\_\_

LAST NAME \_\_\_\_\_

Relationship \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_

Did dependent have health insurance last year? \_\_\_\_\_ Circle Marketplace | Private?

Did dependent live more than half of tax year with you? \_\_\_\_\_

1. FIRST NAME \_\_\_\_\_

MIDDLE INITIAL \_\_\_\_\_

LAST NAME \_\_\_\_\_

Relationship \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_

Did dependent have health insurance last year? \_\_\_\_\_ Circle Marketplace | Private?

Did dependent live more than half of tax year with you? \_\_\_\_\_

DISCLOSURE

Tax Refund Now, Inc. is not responsible for any false information provided on this document. All information should be accompanied by a document that proves the claim. Personal documents such as identification, social security, school or doctor's letter for minors, invoice with the address of residence among others or any document that applies according to each family situation. Estimates are free of charge however, you must inform your tax representative you only want an estimate before processing any paperwork. Any tax preparation that is completed must be filed. If you decide you don't want to file with us, and didn't tell us you were looking for an estimate, and the majority of the preparation has been completed you will be charged a \$50 dollar fee, payable immediately by cash, or credit card. Signature gives consent to call IRS Offset # 800-304-3107 to verify if taxpayer or spouse is subject to offset. In the event the total refund is intercepted due to child support or another federal debt, client agrees to pay Tax Refund Now Inc their preparation service fee within 30 days of notification of IRS interception. Acceptable forms of payment include cashapp, google pay, paypal, cash, or credit card. In the event of nonpayment within 30 days, taxpayer and spouse (if applicable) will receive a \$150 penalty added to preparation fee for payments not submitted within 30 days, and account will be sent to collections. If you require a repayment plan please notify us before your 30 day window ends at 321-802-9475 or via email at [billing@taxrefundnowinc.net](mailto:billing@taxrefundnowinc.net). Additionally signature grants Tax Refund Now, Inc., consent to e-file your return once all required information is acquired and validated against all required documents.

Tax Refund Now, Inc. no se responsabiliza por ninguna información falsa dada en este documento. Toda información debe estar acompañada por un documento que pruebe la misma. Documentos personales como identificación, seguro social, carta de escuela o doctor para los menores, factura con la dirección de residencia entre otros o cualquier documento que aplique de acuerdo a cada situación familiar. Estimados son gratuitos, sin embargo, debe informar a su representante si quieres un estimado antes de cualquier declaración de impuesto. Cualquiera preparación de impuestos que se complete debe ser enviado al IRS. Si el cliente decide no enviar la declaración y se completó la mayor parte de declaración, se le cobrara un cargo de \$50 dólares que debe ser pagado en efectivo o con tarjeta de crédito. En el caso de que el reembolso sea totalmente interceptado debido a la manutención de los hijos o otra deuda federal, el cliente acepta pagarle a Tax Refund Now Inc. por sus servicios de preparación dentro de 30 días de la notificación de la interceptación del IRS. Las formas de pago aceptables incluyen cashapp, google pay, paypal, efectivo, o tarjeta de crédito. En el caso de que no se realice el pago dentro de los 30 días, el contribuyente y el esposo o esposa (si corresponde) se le agregara una multa de \$150 al cobro de preparación de impuestos por pago no recibido dentro de los 30 días, y la cuenta se enviará a una agencia de cobros. Si necesita un plan de pago, por favor notifiquenos antes de que termine su ventana de 30 dias al 321-802-9475 o por correo electrónico a [billing@taxrefundnowinc.net](mailto:billing@taxrefundnowinc.net). Su firma otorga Tax Refund Now, Inc., el consentimiento para enviar electrónicamente su declaración una vez que se haya adquirido y validado toda la información requerida.

I understand the disclosure as explained above and agree to all terms therein. Entiendo el desglose según escrito anteriormente y acepto todos los términos como presentado.

\_\_\_\_\_  
Tax Payer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date