

**ONE STOP INCOME TAX SERVICE CUSTOMER
INFORMATION SHEETS**

Date _____

DOB: _____

ADDRESS

Telephone _____

Email _____

Name _____

SSN# _____

ID/DL# _____

Issue Date: _____

Exp. Date: _____

Spouse. _____

SSN# _____

DOB _____

ID/DL#: _____

Issue Date _____

Exp. Date: _____

Email _____

DEPENDENTS

NAME: _____

SS#: _____

DOB: _____

NAME: _____

SS#: _____

DOB: _____

NAME: _____

SS#: _____

DOB: _____

NAME: _____

SS#: _____

DOB: _____

Client Agreement

1. Client agrees that the information given by the client to **One Stop Income Tax Service** for the preparation-of Federal and State Income tax return are true and complete.
2. Client agrees that if he/she purposely withholds information forms, and /or other documentation in regards to tax preparation service provided to **One Stop Income Tax Service** or he/she intentionally commits fraud and scams against **Oue Stop Income Tax Service** and the **Internal Revenue Service**. **One Stop Income Tax Service** will not be liable for actions and /or lawsuit taken against clients by the Internal Revenue Service. **One Stop Income Tax Service** will not be liable for actions and/or lawsuit taken against clients by the Internal Revenue Service, Federal and State Government for the purpose of Tax preparation service-provided to the clients by **One Stop Income Tax Service**.
3. **One Stop Income Tax Service** is not liable or responsible for any unlawful acts the clients purposely or intentionally commits for the purpose of tax preparation services provided to the clients by One Stop Income Tax Service.

Client has read and fully understands the **client agreement** form provided by **One Stop Income Tax Service**.

Client has been given a copy of One Stop Income Tax Service Client Agreement form.

Client Signature _____

Date _____

One Stop Income Tax Service **Authorizations and Declarations**

Please initial each of the following boxes indicating you understand and agree to each to agree to each of the rules and regulations concerning the processing of your income tax return by One Stop Income Tax Service. This form must be completed by all clients regardless of filing status or whether filing with W-2 or self-employed.

Self-Employed: I understand that it is my responsibility to supply One Stop Income Tax Service with all the information concerning my self-employment including job title and income received. This information will not be provided to you by One Stop Income Tax Service. I understand that if the need arises I will supply all information concerning my self-employment to the Internal Revenue Service upon request. _____ (initial)

Dependents: The dependent (s) I have supplied to One Stop Income Tax Service my dependents and can provide proof upon request. I understand that all information provided to One Stop Income Tax Service must be correct and accurate regarding dependents name, date of birth, and social security number. _____ (initial)

Itemizations: I understand that it is my responsibility to supply One Stop Income Tax Service with information concerning itemization if the need arises. I understand that I must provide proof of these itemization and will supply copies of this proof to the IRS upon request. _____ (initial)

Processing: I understand and agree to One Stop Income Tax Service processing and submitting my income tax return. I understand that One Stop Income Tax Service will submit my tax return to the IRS within 2hrs of completion and cannot be cancelled. One Stop Income Tax Service does provide free estimates. I understand and agree all information entered into One Stop Income Tax Service System will be submitted to the IRS. _____ (initial)

SSI/Disability: I understand I must disclose to One Stop Income Tax Service any information concerning SSI/ Disability benefits. I understand that this information is vital in the preparation of my income tax return. I understand that if I do not supply One Stop Income Tax Service with this information there may be inconsistency on my tax return therefore delaying the processing of my income tax return and the possibility of a reduced refund amount. _____ (initial)

Section 8/ Snap Benefits: I understand I must disclose to One Stop Income Tax Service any information concerning Section 8/ snap benefits. I understand that this information is vital in the preparation of my income tax return. I understand that if I do not supply One Stop Income Tax Service with this information there may be inconsistency on my tax return therefore delaying the processing of my income tax return and the possibility of having to answer question or repaying back money for having filing a federal tax return. _____ (initial)

Client Signature _____

Date _____

Small Business Authorization Form. Doc

Small Business Authorization Form

I, _____, hereby give One Stop Income Tax Service Authorization to include my small business information for the preparation of my income tax return. I acknowledge that I provided One Stop Income Tax Service with all information listed on my income tax return for my small business.

Furthermore, I have reviewed the information included and am in agreement with all deductions, income and expenses shown as evidence of my small business.

Tax payer Name (print)

Tax payer Signature/ Date

Spouse Name (print)

Spouse Signature/ Date

Tax Preparer (print)

Tax Preparer/ Date

INCOME (CHECK ALL THAT APPLY)

- ☐ Filing w/ W-2 Or 1099/ Misc.
☐ Self-Employment

Job Title: _____
Example: Braider

Income: _____
Example: \$12,000.000

Unemployment: _____

Filing Status

- ☐ Single ☐ Head of Household
☐ Married -Filing Jointly ☐ Married f/ separately

Do you receive SSI or Disability Payment? ☐ YES ☐ NO

No 24 to 48 hours Refund

2 Week Refund

ALL INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST
OF MY KNOWLEDGE.

Client Signature: _____ Date _____