

Taxpayer's Name <input type="text"/>	SSN <input type="text"/>	Occupation <input type="text"/>	
Date of Birth <input type="text"/>	Home (<input type="text"/>) <input type="text"/>	Cell (<input type="text"/>) <input type="text"/>	
Spouse's Name <input type="text"/>	SSN <input type="text"/>	Occupation <input type="text"/>	
Date of Birth <input type="text"/>	Home (<input type="text"/>) <input type="text"/>	Cell (<input type="text"/>) <input type="text"/>	
Home Address <input type="text"/>		City <input type="text"/>	
State <input type="text"/>	Zip Code <input type="text"/>	Email <input type="text"/>	
Driver License Number <input type="text"/>	Date of Issuance <input type="text"/>	Expiration <input type="text"/>	State <input type="text"/>

DEPENDENTS THAT LIVED WITH YOU:

Name	Social Security Number	Relationship	Birth Date
1.			
2.			
3.			
4.			

FILING STATUS:

Single
 Married filing jointly
 Head of Household
 Qualifying Widow(er)
 Married filing separately

CHECK INCOME ITEMS WHICH PERTAIN TO YOU (Attach Documentation):

<input type="checkbox"/> Alimony	<input type="checkbox"/> Income from Rentals	<input type="checkbox"/> Wage Statement W-2	<input type="checkbox"/> Estates/Trust
<input type="checkbox"/> Installment Sale	<input type="checkbox"/> Commisions-1099s	<input type="checkbox"/> Farm Income	<input type="checkbox"/> Social Security
<input type="checkbox"/> Dividends	<input type="checkbox"/> Municipal Bonds	<input type="checkbox"/> Lottery & Gambling Winnings	

BAS/BAQ \$ _____ Last Year's State Tax Refund \$ _____
 Unemployment \$ _____ Interest \$ _____

I have submitted the information on this worksheet and to the best of my knowledge it is true, correct, and complete. (PLEASE SIGN) _____ Date _____

NTRC TAX SERVICE

1230 S. Hairston Road Suite 4
Stone Mountain, GA 30088
Tel: 404-284-9161
Fax: 404-284-9181

Our Policy:

Thank you for choosing **NTRC TAX SERVICES**. We are honored to have you as a client, and we will do all we can in representing you.

Fees are not always deducted from your tax return in advance due to potential issues with the Internal Revenue Service. Some of these problems are beyond our control and therefore, we may not be able to electronically file the return. However, we will give you the prepared copy and send the originals to the Service Center handling your return. Processing time will still be faster than regular mail.

If we encounter problems, you will be notified immediately. Please provide a valid telephone number where you can be reached during the day, or where we may leave a message.

If for some reason your refund is held due to defaulted student loans, identity theft, child support, someone else claiming your dependents or any other debt (Federal or State) payments are still due for service rendered.

In order for us to prepare your return or any other services, please sign this payment release form. If for any reason payment is not received, this form will stand as a legal document to represent us in the court of law.

Anytime services are rendered for taxes, we ask that you submit a VALID picture identification card, Social Security Cards for you and all dependents, school and/or medical records, and insurance information, if needed.

If you understand your rights and privileges, please sign this form below.

Thank you in advance,

NTRC TAX SERVICE

Client Signature: _____ **Date:** _____

NTRC TAX SERVICE

We appreciate the opportunity to work with you and advise you regarding your income taxes. To ensure a complete understanding between us, we are setting forth the pertinent information about the services to be provided by NTRC.

We will prepare your 2022, Federal and State income tax returns including applicable schedules and attachments from information satisfactorily documented and furnished. We will make no audit or other verification of the data you submit, although we may need to ask you for clarification of some of the information. We will furnish you with a tax organizer and/or other worksheets to guide you in gathering the necessary information for us. Your use of such forms will assist us in keeping our fees to a minimum.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to disclose defalcations or other irregularities, should any exist.

As always, our professional services with regards to accounting, bookkeeping, consultation, tax estate planning, and other matters are available to you upon request with fees based on our standard rate.

Our fee for these services will be based upon the forms and schedules used to report your income and deductions for the tax year 2022.

You have the final responsibility for the income tax return(s) and, therefore, you should review them carefully before you sign and file them. Your tax reports and information should be maintained for a six year period.

Tax returns prepared by NTRC come with a fundamental guarantee. NTRC will compensate any taxpayer's penalties and interest charges incurred as a result of an error by a NTRC tax preparer in preparing a tax. In addition, a representative from NTRC will appear with you at an audit, at no additional cost, to explain how your return was prepared.

If the foregoing is understood, please acknowledge acceptance by signing this letter in the space indicated.

ACKNOWLEDGEMENT:

Signature

Date

PLEASE FILL OUT COMPLETELY

1. What type of insurance did you have in 2022?

None Medicaid Medicare or other govt insurance Health insurance at work Other

A. Was your govt insurance through the Marketplace/Exchange (ObamaCare)?

Yes No _____ If yes, please answer question B.

B. Do you have your 1095- A form?

Yes No (If you file your 2022 tax return without filing this form, it will hold up your refund)

2. What type of insurance did your spouse have in 2022?

N/A None Medicaid Medicare or other govt insurance Health insurance at work
Other

3. What type of insurance did your children have in 2022?

N/A None Medicaid Medicare or other govt insurance Health insurance at work
Other

4. What type of insurance did other dependents have in 2022?

N/A None Medicaid Medicare or other govt insurance Health insurance at work
Other

5. Are you the primary carrier of the insurance? If no, please indicate who is the primary carrier below.

Yes No

Primary Carrier Name: _____ Relationship: _____

Name of Insurance: _____

Please circle ALL months that YOU had active insurance coverage in the year 2022.

ALL YEAR JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Please circle ALL months that your SPOUSE had active insurance coverage in the year 2022.

ALL YEAR JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Name of Spouse: _____ Name of Insurance: _____

Please circle ALL months that your CHILDREN had active insurance coverage in the year 2022.

FIRST CHILD

ALL YEAR JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Name of Child: _____ Name of Insurance: _____

SECOND CHILD

ALL YEAR JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Name of Child: _____ Name of Insurance: _____

THIRD CHILD

ALL YEAR JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Name of Child: _____ Name of Insurance: _____

Please circle ALL months that your OTHER DEPENDENT had active insurance coverage in the year 2022.

ALL YEAR JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Name of Dependent: _____ Name of Insurance: _____

I have carefully read and answered all questions truthfully and to the best of my knowledge. I understand that my answers to these questions will reflect what is entered on my 2022 tax return and I will not fault NTRC or its employees if any information provided by me does not correspond with the information that the IRS will have, which may cause a delay in processing my 2022 tax return. I understand that this insurance verification is to be used for tax preparation only for NTRC Tax Service and for no reason will NTRC or its employees use the information I provided for their personal use.

Print Name: _____ **Signature:** _____ **Date:** _____

Verified by: _____ **Date:** _____

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

PEEK AND PEEK ENT LLC (“we,” “us,” and “our”)

(Printed Name of Tax Preparer)

Federal law requires this consent form be provided to you (you refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

You have indicated that you are interested in utilizing the Electronic Refund Disbursement Service and/or loan product from Refund Advantage. To provide you with the opportunity to apply for and/or receive the Electronic Refund Disbursement Service and/or loan product, we must disclose all of your 2022 tax refund information to Refund Advantage. You may request a more limited disclosure of tax return information, but you will not be eligible to submit an application for the Electronic Refund Disbursement Service and/or loan product.

If you would like us to disclose your 2022 tax return information to Refund Advantage for this purpose, please sign and date your consent to the disclosure of your tax return information.

By signing below, you authorize us to disclose to Refund Advantage all of your 2022 tax return information so that it can evaluate and process your application for the Electronic Refund Disbursement Service and/or loan product. You understand that if you are not willing to authorize us to share your tax information with Refund Advantage, you will not be able to obtain the Electronic Refund Disbursement Service and/or loan product, but you can still choose to have your tax return prepared and filed by us for a fee.

Printed Name of Taxpayer: _____

Taxpayer Signature: _____ **Date:** _____

Printed Name of Joint Taxpayer: _____

Signature of Joint Taxpayer: _____ **Date:** _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at (800) 366-4484, or by e-mail at complaints@tigta.treas.gov.

OFFICE USE ONLY Inputted by: _____ Date: _____

CONSENT TO USE OF TAX RETURN INFORMATION

PEEK AND PEEK ENT LLC

("we," "us," and "our")

(Printed Name of Tax Preparer)

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use your tax return information for purposes other than preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent will be valid for one year from the date of signature.

For your convenience, we have entered into an arrangement with certain companies to offer an Electronic Refund Disbursement Service and/or loan product. To determine whether these offerings may be of interest to you, we will need to use your tax return information. If you would like us to use your tax return information to determine whether these offerings are relevant to you while we are preparing your return, please sign and date this consent to use of your tax return information.

By signing below, you authorize us to use the information you provide to use during the preparation of your 2022 tax return to determine whether to offer you an opportunity to apply for the Electronic Refund Disbursement Service and/or loan product.

Printed Name of Taxpayer: _____

Taxpayer Signature: _____ **Date:** _____

Printed Name of Joint Taxpayer: _____

Joint Taxpayer Signature: _____ **Date:** _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at (800) 366-4484, or by email at complaints@tigta.treas.gov.