E-File Questionnaire 2019

PLEASE PRINT CLEARLY

All information pertaining to your current tax return must be filled in.

New IRS regulations beginning January 1, 2010 require us to notify our clients of the following information: We do not disclose any personal information to anyone and for your protection we will not release any information via phone, fax or mail without a written release form from you for each request. Check one answer for each question.

Yes	No	Question
		Do you have any foreign bank accounts?
		Does the paperwork turned in for income tax preparation include all income and expenses?
		Have you ever been denied Earned Income Tax Credit by the IRS in the last 3 years?
		Did you have insurance on each person in your family for this tax period?

Taxpayers - All information must be identical to Social Security records.

	Mr. Taxpayer	Ms Taxpayer	
Name			
SS#			
Occupation			
Date of Birth			
Phone Number			
Filing Status – Single, Married filing Joint, Married Filing Separately, HOH (Circle One)			

Dependents - All information must be identical to Social Security records.

Name	SS Number	Date of Birth	Relationship

E-Mail Address:					
Direct Deposit Information YES NO					
Bank Name:					
Routing Number:					
Account Number:					

Tax Year: 2019

City

Because of the new requirements by the Internal Revenue Service, I understand that I must have receipts for all deductions claimed on my tax return in case of an audit. I also understand that I must have receipts to go with cancelled checks.

By signing this statement, I understand that I am responsible for all figures given to my tax preparer and he is waived of any liability from the figures that I have given him.

I have provided proof of all dependents that I am claiming Earned Income credit for.				
I had insurance on me and my family for	months in 2019.			
Signed:	Date:			
Your Current Address that you want on Tax Return				
Address				

A copy of your tax return will be emailed to you. The password is the taxpayer's complete social security number without the dashes. If I can not read your email address, you won't receive a copy. It will cost you \$50 for a printed copy.

State

Zip

Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

2019

Department of the Treasury Internal Revenue Service

Return completed Form 8879 to your ERO. (Don't send to the IRS.)
 Go to www.irs.gov/Form8879 for the latest information.

Submission de mission dur per (SID)

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Spouse's	s name Spouse's social se	curity number
Part	Tax Return Information — Tax Year Engire 1 (e.e., ber 3 2018 (Whole dollars or	ıly)
1	Tax Return Information — Tax Ye r En ir (1) (ce ther 3) 2018 (Whole dollars or Adjusted gross income (Form 1040, line 7; Form 4040) R, le 10	. 1
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	. 2
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a	a). 3
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4
5	Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and keep a	copy of your return)
for the t in Part originator reason to Agent to of my fer remain i Treasur date. I a answer	penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompliance year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provide for (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treason initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax deferal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to the infull force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) and y Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive continquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (Finance tax return and, if applicable, my Electronic Funds Withdrawal Consent.	I further declare that the amounts r, transmitter, or electronic return ection of the transmission, (b) the asury and its designated Financial preparation software for payment s account. This authorization is to a payment, I must contact the U.S. prior to the payment (settlement) fidential information necessary to
Taxna	yer's PIN: check one box only	
X		
ı	ERO firm name	Enter five digits, but
	as my signature on my tax year 2018 electronically filed income tax return.	don't enter all zeros
	I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Che	ck this box only if you are
	entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must c	
Your s	ignature → Date ►	•
Spous	se's PIN: check one box only	
X	I authorize <u>Cranford Enterprises</u> to enter or generate my PIN	
	ERO firm name	Enter five digits, but
	as my signature on my tax year 2018 electronically filed income tax return.	don't enter all zeros
	I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Che entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must c	
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Spous	se's signature → Date ►	
	Practitioner PIN Method Returns Only—continue below	
Part I	<u> </u>	
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ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don	't enter all zeros
the tax	y that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronical (payer(s) indicated above. I confirm that I am submitting this return in accordance with the requirer d and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.	ly filed income tax return for nents of the Practitioner PIN
ERO's	signature ►Date ►	
	ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So	