

E-File Questionnaire 2017

All information that pertains to your tax return **MUST** be filled in.

Please print clearly

****Be sure to keep a copy of your tax return. Additional requests for a copy after April 15 of this tax year will be charged \$50.00.**

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. Circle one on each question.

- Do you have any foreign bank accounts? Yes No
- Does the paperwork turned in for income tax preparation include all income and expenses? Yes No
- Have you been denied Earned Income Tax Credit by the IRS in the last 3 years? Yes No
- Did you have insurance on each person in your family for 2017? Yes No

Taxpayers

All information must be identical to Social Security Records.

	Taxpayer	Spouse
Name		
SS#		
Occupation		
Date of Birth		
In Case your return is rejected, and we have questions Phone Numbers	Cell Home	Cell Home

Your filing status – Single, Married filing Jointly, Married filing Separately, Head of Household (*Circle One*)

Dependents

All information must be identical to Social Security Records.

Name (First & Last)	SS#	Date of Birth	Sex

E-Mail Address: _____

Other Information

Direct Deposit: Yes No *Circle one*

Bank Name: _____

Routing Number: _____

Account Number: _____

Tax Year: 2017

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 2017.

Signed: _____ Date: _____

Your Current Address that you want on Tax Return

Address

City State Zip

Department of the Treasury
Internal Revenue Service

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

2017

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2017 (Whole dollars only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize _____ to enter or generate my PIN as my signature on my tax year 2017 electronically filed income tax return.

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Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN as my signature on my tax year 2017 electronically filed income tax return.

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Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

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Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**