

6601 Center Drive West Suite 500
Los Angeles, CA 90045

310-645-4362
Fax 310-634-0371
terance@trobinson.info

TAXPAYER NAME:		SPOUSE NAME:	
SOC. SEC. / ITIN:		SOC. SEC. / ITIN:	
DOB:		DOB:	
STATE ID OR DRIVER LIC:	ID TYPE: ID #: ID STATE: ISSUE DATE: ID EXP:	STATE ID OR DRIVER LIC:	ID TYPE: ID #: ID STATE: ISSUE DATE: ID EXP:
DAYTIME PHONE:		DAYTIME PHONE:	
EMAIL ADDRESS:		EMAIL ADDRESS:	
OCCUPATION:		OCCUPATION:	
HOME ADDRESS:		HOME ADDRESS:	

DEPENDENT NAME (First, Middle Initial, Last)	DEPENDENT'S SOC. SEC. NO. ITIN NUMBER	DEPENDENT'S RELATIONSHIP	NO. MONTHS LIVED IN HOME 2017	DEPENDENTS DATE OF BIRTH	IS YOUR DEPENDENT LEGALLY DISABLED?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

What documentation do you have to determine EIC eligibility as proof of residency for your qualifying dependent? Please refer to the list below:

<input type="checkbox"/> School record or statement	<input type="checkbox"/> Placement agency statement	<input type="checkbox"/> Medical Records
<input type="checkbox"/> Landlord or property management statement	<input type="checkbox"/> Social service records	<input type="checkbox"/> Indian tribal official statement
<input type="checkbox"/> Health provider statement	<input type="checkbox"/> Place of worship statement	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Child care provider records	<input type="checkbox"/> Employer statement	

CHECK ALL INCOME SOURCES FOR THIS CURRENT YEAR - ENCLOSE DOCUMENTATION

<input type="checkbox"/> Salary/Wages - W-2	<input type="checkbox"/> Other Wages not reported on W-2. (Complete Tax Summary)	Income Received?
<input type="checkbox"/> Self-Employed Business Income (Complete Tax Summary)	Do you have Profit and Lost Statement? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

If you did not receive a W2 or 1099 form showing income received. What documentation can you provide as proof of income received? Please refer to the list below:

<input type="checkbox"/> Receipts	<input type="checkbox"/> Bank Statements	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Ledger showing summary of income	<input type="checkbox"/> Financial Statements	

CHILD/DEPENDENT CARE EXPENSES (Match each provider to dependent.)

Dependent Cared For:		Provider's SSN/EIN:	
Care Provider's Name:		Amount Paid to Provider:	\$
Provider's Address		Provider's Phone Number:	

Taxpayer Name: _____

Spouse Name: _____

PLEASE ANSWER ALL QUESTIONS			
1.	Has the IRS or any state or local taxing agency notified you of any changes to a prior year tax return?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Do you owe any back taxes or unemployment benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Can your dependent be a qualifying child for another person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Do you have any outstanding judgments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Do you have a student loan? If Yes, Amount \$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Do you pay child support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	What is the amount you paid for last year Tax Preparation? Amount \$		
8.	a. Indicate below what kind of health insurance coverage you and your dependents had in 2017? Employer Sponsored <input type="checkbox"/> Medi-caid <input type="checkbox"/> Medi-cal <input type="checkbox"/> Marketplace Insurance <input type="checkbox"/> Non-Marketplace Insurance <input type="checkbox"/> Uninsured <input type="checkbox"/> If insured, please continue below: b. Check below the months in 2017 you provided coverage or were provided coverage for yourself and your dependents? Full Year coverage <input type="checkbox"/> or indicate the months of coverage below. JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC <input type="checkbox"/>		
9.	Did you attend an educational institution in 2017? If Yes, answer question 10.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Did you receive form 1098 T from the educational institution that you attended in 2017? If No, complete below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Please provide the educational institution information that you attended in 2017?		
	1st educational institution information: Name of educational institution _____ Street address: _____ City: _____ State: _____ Zip Code: _____ Federal Tax ID number for educational institution _____ 2017 Tuition and Fees amount: _____ Course Materials amount: _____		
	2nd educational institution information: Name of educational institution. _____ Street address: _____ City: _____ State: _____ Zip Code: _____ Federal Tax ID number for educational institution _____ 2017 Tuition and Fees amount: _____ Course Materials amount: _____		

BANK OF ACCOUNT INFORMATION

Bank Name _____

Name as it appears on checking or savings account _____

BANK ROUTING NUMBER _____ **CHECKING** **SAVINGS** **ACCOUNT NUMBER** _____

I (We, if filing jointly) acknowledge that the above information provided by me is true and accurate to the best of my knowledge. I hereby relieve IF CONSULTANTS LLC, its agents and affiliates, from any liability whatsoever, regarding the preparation of (this/these) tax returns. I agree to hold them harmless from any damages I may suffer and understand that my sole relief is limited to the return of any fee paid for the preparation of these tax documents. I (we) guarantee payment of the preparation fee and any related charges. An electronic signature has the same legal significance as my written signature.

Primary Taxpayer's Signature _____ Print Name _____ Date _____

Spouse's Signature _____ Print Name _____ Date _____

Thank you for your business!!