L eGrand

DIRECT DEPOSIT

BANK NAME:

ROUTING#:

ACCOUNT #:

CIRLE ONE

CHECKING SAVINGS

Financial

Group

LLP

**Today’s date:**

**Filing status:(CIRCLE ONE)**

**HEAD OF HOUSEHOLD SINGLE MARRIED FILING JOINTLY MARRIED FILING SEPARTELY**

**TAX PAYER**

**NAME:**

**DATE OF BIRTH:**

**SPOUSE**

**NAME:**

**DATE OF BIRTH:**

**JOB TITLE: JOB TITLE:**

**SOCIAL SECURITY# SOCIAL SECURITY#**

**EMAIL ADDRESS:**

**CURRENT ADDRESS:**

**HOME PHONE#: LIVING STATUS (CIRCLE ONE)**

**CELL PHONE#: RENT OWN**

**WORK PHONE#: HOW MUCH DO YOU PAY MONTHLY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPENDENT (FULL NAME) S.S.# DATE OF BIRTH RELATIONSHIP TO TAX PAYER HEALTH INSURANCE?Y/N**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**IF YOU ARE NOT A RETURNING CLIENT PLEASE ADD YOUR PRIOR TAX RETURN**

**Would you like to purchase the Audit Shield protection? (circle one) $44.95 YES NO**

**!!!PLEASE READ CAREFULLY!!!**

**PLEASE INDICATE WHICH WAY YOU WOULD LIKE TO PAY/RECEIVE YOUR RETURN**

**RTC-** CHECK SENT ELECTRONICALLY TO L.F.G **MAKE PAYMENT UPON COMPLETION** **CASH CHECK CREDIT**

**RTD-** CHECK SENT ELECTRONICALLY TO YOUR ACCOUNT **WAL-MART MONEY CARD-** CHECK SENT ELECTRONICALLY TO WAL-MART CARD

MEMO FROM TAX PREPARER

**PAPER CHECK-** CHECK MAIL DIRECTLY TO YOUR HOME IN UP TO 30 BUSINESS DAYS

**DIRECT DEPOSIT-** CHECK SENT TO YOUR ACCOUNT IN UP TO 21 BUSINESS DAYS

**Additional information that may be needed to complete your tax return.**

**Did you have/ or pay for health care for this tax year? If so please include your 1095-(A, B, or C)**

**Did you receive Social Security benefits?**

**Did you receive a 1099-MISC?**

**Did you pay alimony? If yes, list name of recipient, SSN and amount.**

**Did you receive alimony? If yes, list amount.**

**Did you make any repairs to your principal property (windows, doors, insulation, hot water heater/boiler, and/or roof)? *Please specify.***

**Did you or your dependent(s) take any higher education courses?**

***If yes, please include a tuition statement.***

**Did you pay interest on student loans?**

**Do you pay for child care?**

***If yes, please include name of providers, address, tax id #, and amount paid.***

**Did you move and have to pay job related moving expenses?**

**Do you own rental property?**

**Did you sell your home?**

**Did you sell any other property (equipment, land, etc.)?**

**Did you make any estimated tax payments?**

**Did you have a canceled debt?**

**Are you an active member in the military?**

**Did you collect unemployment compensation? If so please include 1099-G**

**Do you have any gambling winnings (lottery, race, track, casinos, and raffles)?**

**Did you receive pension, annuity, IRA, or retirement income?**

**Did you receive any interest or dividends from savings or investments?**

**Did you withdrawal any funds from your pension plan (401K)?**

***If yes, please explain the reason for withdrawing.***

**Did you sell stock, mutual fund, or other securities?**

**Do you have any of the following? If yes, list amounts.**

* **Medical expenses or pay for health insurance?**
* **Contributions to charity, church, etc.?**
* **Out of pocket expenses or use your vehicle on the job?**
* **Loss from casualty (fire. theft, natural disaster)?**

**Please note!! If you decide not to have your taxes prepared after we have completed them, you will be charged a $50 fee Please Sign x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**