



ROSS & ASSOCIATES®
TAX OFFICE
YOUR REMOTE ONLINE TAX PREPARATION EXPERTS

📞 725.324.7787 📠 725.755.4207 📧 725.324.8598
✉ info@rossandassociates-taxoffice.com
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📍 3172 N. Rainbow Blvd PMB 34263 Las Vegas, NV 89108

7216 CONSENT TO USE AND DISCLOSURE OF THE TAX RETURN

Name of tax preparer:

Federal law requires this consent form to be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use or disclose your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. Because our ability to disclose your tax return information to another institution affects the service(s) that we provide to you and its (their) cost, we may decline to provide you with the tax return preparation services or change the terms (including the cost) of the tax return preparation services that we provide to you. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

For your convenience, we have entered into agreements with a bank to provide qualifying taxpayers with the opportunity to apply for a (bank product) Refund Transfer (RT) and/or Loan via Electronic Refund Check or Electronic Refund Deposit. In order to provide you with the opportunity to apply for one of these Products or Services, we must disclose all of your tax return information to our partnered financial institution.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to disclose to financial institution we partnered with all your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to use the information you provided to us during the preparation of your tax return to determine whether to present you with the opportunity to apply for a bank product (described above) and services.

Name of Taxpayer:

Taxpayer Signature:

Date:

Time:

Name of joint Taxpayer:

Joint Taxpayer Signature:

Date:

Time:

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TAX INTAKE FORM

TAXPAYER

First Name:

MI:

Last Name:

Social Security Number:

Date of Birth:

Date of Death:

Work Phone:

Cell/Other Phone:

Occupation:

Email:

Legally Blind?

☐ Yes ☐ No

Dependent of Other?

☐ Yes ☐ No

SPOUSE

First Name:

MI:

Last Name:

Social Security Number:

Date of Birth:

Date of Death:

Work Phone:

Cell/Other Phone:

Occupation:

Email:

Legally Blind?

☐ Yes ☐ No

Dependent of Other?

☐ Yes ☐ No

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FILING STATUS

- ☐ Single ☐ Married Filing Joint ☐ Married Filing Separately ☐ Qualifying Widower
☐ Head of Household

If Married, When ?

ADDRESS

Street & Apt. No.:

City:

State:

Zip:

County:

HOW DO YOU WANT YOUR REFUND? (CHECK ONE OF THE FOLLOWING)

■ 7-14 days (RT Refund Transfer: Check)

- ☐ In about 7-14 days from the date your return is accepted electronically by the IRS, you receive a check for the amount your refund less filing fees. (Check will be available in our office)

■ 7-14 days (RT Refund Transfer: Debit Card)

- ☐ In about 7-14 days from the date your refund is accepted electronically by the IRS, for the amount your refund less filing fees will be deposited onto the debit card we issue you.

■ 7-14 days (RT Refund Transfer: Direct Deposit)

- ☐ In about 7-14 days from the date your refund is accepted electronically by the IRS, for the amount your refund less filing fees will be deposited into your bank account.

CASH ADVANCE OPTION (CHECK ONE OF THE FOLLOWING)

* The loan offered based on your expected tax refund. Some loans are interest bearing loan, and will have an annual APR. Please confirm the interest rates with your preparer.

■ Apply for Cash Advance (RT Refund Transfer)

- ☐ Yes ☐ No

THE FOLLOWING REQUIRES UPFRONT PAYMENT

■ E-file: Direct Deposit

- ☐ Your refund will be deposited into your savings or checking account directly from IRS approximately 10-14 days after your return is accepted by IRS.

■ 3-4 Weeks (E-file: Check)

- ☐ Your refund will be mailed to you directly from IRS in approximately 3-4- weeks after your return is accepted electronically by the IRS.

Name of Taxpayer:

Taxpayer Signature:

Date:

Time:

Name of joint Taxpayer:

Joint Taxpayer Signature:

Date:

Time:

NOTES AND/OR COMMENTS



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DEPENDENTS DETAILS

Taxpayer SSN:

Taxpayer Name:

DEPENDENTS

First, Middle initial, Last Name	D.O.B	Social Security Number	Relationship

DAYCARE INFORMATION

Name of Dependent(s):

Daycare or Provider Name:

FEIN (or social of caregiver):

Total amount paid \$

SINGLE PARENT WITH DEPENDENTS

Does the other parent(s) live in the home?

☐ Yes ☐ No

Why isn't other parent claiming dependent(s)?

Did dependent(s) live with you more than 6 months of the year?

☐ Yes ☐ No

Do you have: Court documentation of custody?

☐ Yes ☐ No

Did you receive any government assistance?

☐ Yes ☐ No

If Yes, How Much For The Year? \$

Can anyone else claim this dependent?

☐ Yes ☐ No

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NON-STANDARD DEPENDENTS (GRANDCHILD, NIECE, NEPHEW, STEPCHILD, FOSTER CHILD, ETC.)

Why aren't the parents claiming their dependent(s)?

How long has dependent(s) lived with you?

Did parent pay more than ½ of the support for dependent(s)?

☐ Yes ☐ No

Do you have: Court documentation of custody?

☐ Yes ☐ No

Document proving relationship to child?

☐ Yes ☐ No

Can anyone else claim this dependent?

☐ Yes ☐ No

ADULT DEPENDENTS

Your relationship to dependent(s)?

Where do they live?

Are there any disabled dependent(s) ?

☐ Yes ☐ No

Did you pay more than ½ of the support for dependent(s)?

☐ Yes ☐ No

Why are they not filing their own return?

Can anyone else claim this dependent?

☐ Yes ☐ No

Name of Taxpayer:

Taxpayer Signature:

Date:

Time:

Name of joint Taxpayer:

Joint Taxpayer Signature:

Date:

Time:

By signing above, I hereby certify the information given above is true and accurate to the best of my knowledge and can provide proof upon request.



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DUE DILIGENCE QUESTIONNAIRE - 1

How many people live with you?

How many: Adults

How many: Children

List Relationship:

Does anyone above make more than you?

☐ Yes ☐ No

If Yes, how much?

Are expenses shared? (groceries, rent, insurance, etc.)

☐ Yes ☐ No

Can the taxpayer, spouse or dependent(s) be claimed as qualifying child on any other tax return?

☐ Yes ☐ No

If Yes, who?

Did anyone help support you during the year?

☐ Yes ☐ No

If Yes, who?

How Much?

In the case of audit can you prove financial responsibility and residency for all of the Dependents being claimed?

Which document(s) can you provide? (i.e., copy of lease, medical records, school records, food stamps or benefit statements)

Are any of the dependents being claimed NOT your son or Daughter?

☐ Yes ☐ No

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If yes, why are the parents not claiming the child? (Please explain and list the child's name(s) if more than one listed on the return)

Were any of the credits disallowed or reduced in a previous year?

☐ Yes ☐ No

If yes, please explain

Did you have any other income during the year (Child support, alimony)?

☐ Yes ☐ No

If yes, please specify.

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Taxpayer Signature:

Date:

Time:

Name of joint Taxpayer:

Joint Taxpayer Signature:

Date:

Time:

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OTHER COMMENTS:



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DUE DILIGENCE QUESTIONNAIRE - 2

Taxpayer SSN:

Taxpayer Name:

IF INCOME IS LESS THAN \$15,000 (ANSWER QUESTIONS BELOW)

How are you paying for rent, utilities, food, etc.?

Are you getting assistance?

☐ Yes ☐ No

If Yes, From Who?

How much?

Does anyone give you funds to live on?

☐ Yes ☐ No

If Yes, From Who?

How much?

COLLEGE QUESTIONS

Did you or anyone on this tax return receive a 1098-T?

☐ Yes ☐ No

If yes, answer questions below.

Were they a full-time student?

☐ Yes ☐ No

Have you been in college more than 4 years?

☐ Yes ☐ No

Did you receive scholarship or grant?

☐ Yes ☐ No

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ADDITIONAL NOTES

FOR OFFICE USE ONLY – COMPLIANCE CHECK LIST

Please make sure to collect, scan and upload all the listed item below to software.

- ☐ **Client Intake Form** (Please upload ALL the forms provided in the booklet)
- ☐ **Tax Client Photo ID** (Readable) (For every taxpayer listed on tax return)
- ☐ **Copy of Social Security Cards**
- ☐ **Copy of Income** (W-2, 1099, Crypto income and all the other income documentation provided)
- ☐ **Copy of any supporting documents pertaining to tax return** (Any documents the taxpayer gives you scan and upload them)

TAX PREPARER NOTES

Name of Taxpayer:

Taxpayer Signature:

Date:

Time:

Name of joint Taxpayer:

Joint Taxpayer Signature:

Date:

Time:

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SCHEDULE - C - FORM

Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Use a separate worksheet for EACH SCH - C

**** Please Note:** If possible, it is preferred a bank statements, P&L and balance sheet be provided by the client. If available, write "see next page" below and attach it under this page. If NOT AVAILABLE, please use the input sheet below. You may be required to provide proof of all income & expenses claimed below.

BUSINESS INFO: (REQUIRED FOR ALL)

☐ TaxPayer ☐ Spouse ☐ Other

Name of Business (If any):

Address of Business:

City:

State:

Zip:

Business EIN (If any):

Date Business Started:

Did you materially participate in the business?

☐ Yes ☐ No

INCOME QUESTIONS: (REQUIRED IF NO P&L OR TRIAL BALANCE AVAILABLE)

1) Other Source of Income:	
3) Other Source of Income:	
2) Other Source of Income:	
4) Other Source of Income:	

GENERAL EXPENSES: (REQUIRED IF NO P&L OR TRIAL BALANCE AVAILABLE)

Advertising:	\$	Depletion:	\$
Auto Expense:	\$	Employee Benefit Program:	\$
Commissions:	\$	Insurance (other than health):	\$
Contract Labor:	\$	Legal & Professional:	\$

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GENERAL EXPENSES: (REQUIRED IF NO P&L OR TRIAL BALANCE AVAILABLE) CONT.

Interest:		Office Expense:	\$
a) Mortgage:	\$	Pension & Profit Sharing:	\$
b) Other:	\$	Repair & Maintenance:	\$
Rent or Lease:		Supplies:	\$
a) Vehicles:	\$	Taxes & Licenses:	\$
b) Machinery:	\$	Travel:	\$
c) Other:	\$	Meals (Total):	\$
Utilities:	\$	Other:	\$
	\$		\$
	\$		\$
	\$		\$

Total amount of Income:

Total Amount of Expenses Paid:

Name of Taxpayer:

Taxpayer Signature:

Date:

Time:

Name of joint Taxpayer:

Joint Taxpayer Signature:

Date:

Time:

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SCHEDULE - C - QUESTIONNAIRE

YOU STATED YOU OWN YOUR OWN BUSINESS...

Did you start your business this year?

☐ Yes ☐ No

If Not, When?

What kind of business do you own?

ADDITIONAL QUESTIONS

Where do you perform services offered?

Was the work performed in your home?

☐ Yes ☐ No

If yes, how much space was used just for business?

If in your home: do you have designated work area that no one else uses?

☐ Yes ☐ No

Do you rent space, or own it?

If you rent space outside of your home, how do you pay for that space?

How many hours a day/week did you provide service?

Do you have anyone working for you?

☐ Yes ☐ No

If yes, how do you pay them? (Cash, check, W2, 1099)

How do you get paid for your services?

Do you have return record of income and expenses?

☐ Yes ☐ No

Could you provide the IRS records on a day's notice?

☐ Yes ☐ No

If no, why not?

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Do you need licenses, insurance, classes, or certification to run your business?

☐ Yes ☐ No

Do you pay for advertising or marketing?

☐ Yes ☐ No

Do you drive for your business, other than from your home to your office?

☐ Yes ☐ No

How many miles per day?

DO YOU HAVE:

Do you have last year's return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have proof of the clients you handle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have records including date and amount paid by your clients.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have receipts for your expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF NO WRITTEN RECORDS OF YOUR INCOME AND EXPENSES...

Do you keep track of your clients on calendar, in your phone or via email?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know who you bought your supplies/tools/materials from?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would they be able to give you copies of their records (what you bought, when and for how much)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Taxpayer:

Taxpayer Signature:

Date:

Time:

Name of joint Taxpayer:

Joint Taxpayer Signature:

Date:

Time:

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SCHEDULE - A - INFORMATION

MEDICAL EXPENSES

(CURRENT YEAR)

Medical & Dental Expenses	\$
Medical Insurance Premiums Paid (Other than Social Security Medicare Payments)	\$
Long Term care Premiums	\$
Prescription Drugs & Medications	\$
Medical Miles Driven: January 1 to June 30:	\$
Medical Miles Driven: July 1 to December 31:	\$

TAX EXPENSES

(CURRENT YEAR)

State & Local Income Taxes Paid (Other than those on W-2's, 1099's, etc.)	\$
Prior year Income Taxes paid in current year	\$
Real Estate Taxes	\$
Personal Property Taxes	\$
Other taxes:	
	\$
	\$
Qualified New Vehicle Taxes	\$
Additional State/ Local Taxes	\$

INTEREST EXPENSE

(CURRENT YEAR)

Home Mortgage Interest reported on Form 1098	\$
Home Mortgage Interest paid to others	\$
Refinancing Points Paid in 2017	\$
Investment Interest (other than K-1)	\$

CONTRIBUTIONS

(CURRENT YEAR)

Cash Contributions (If over \$500 please provide detailed list)	\$
Non Cash Contributions (If over \$500 please provide detailed list)	\$

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