15

INCOME TAX GUIDE

AND

ORGANIZER

FOR:

PROVIDED BY:

This booklet is provided to assist you in compiling the necessary information to prepare your tax return accurately. Given the uncertain nature of tax laws this year, please include as much requested information as possible. This will help maximize your deductions in the event late tax law changes are adopted.

PERSONAL DATA

Taxpayer (or single)				Spouse			
Name (Last, First, Initial)				Name (Last, First, Initial)			
SSN	DOB	Occupation		SSN	DOB	Occupation	
Mailing Address ☐ *Check if address is new*				Mailing Address ☐ *Check if address is new*			
City, State & Zip		County		City, State & Zip		County	
Phone: H W C	Phone: H W C			Phone: H W C	Phone: H W C		
E-Mail Address:				E-Mail Address:			

DEPENDENTS

Name (First, Initial and Last)	(D.O.B.)	X if not living with you	Social Security No.	Relationship	No. of mos. lived in your home*

If more lines needed above, list two on a line. Social Security Numbers are required for all dependents.
If married but filing separately, list name of spouse and Social Security Number at top of page.
If filing Head of Household and qualifying person is your child but not your dependent above,
enter child's name here ____

Place an asterisk by any dependent attending college or post-secondary school.

QUESTIONS: (Yes answers, please explain)

1. Did your name, address or marital status change during the year? ☐ Yes ☐ No
2. Are you being claimed as a dependent on another tax return? ☐ Yes ☐ No
3. Are you (or your spouse) blind or permanently disabled? ☐ Yes ☐ No
4. If you claim children above that don't live with you, are they allowed as a result of pre-1985 agreement? ☐ Yes ☐ No
5. Did you carry forward or incur any adoption expenses during the year? ☐ Yes ☐ No

*Remember, children's time away from home while attending school counts as time in your home.

INCOME TAXES PAID OR REFUNDED

If someone else prepared your tax return last year, please provide a copy.

				Federal	State	Local
Balance paid on last year's return (or prior years)						
Refunds received from last year's return (or prior years)						
ESTIMATED TAX PAID →	1st Qtr.	4/15				
If not paid by due dates indicated, list actual dates paid. If state/local tax paid on different dates, attach details.	2nd Qtr.	6/15				
	3rd Qtr.	9/15				
	4th Qtr.	1/15				

INCOME

WAGES/SALARIES/W-2 FORMS

T/S	Name of Employer	Taxable Wages	Withheld Fed. Tax	Other Taxes Withheld			
				Soc. Sec.	Medicare	State	Local

Enclose <u>all</u> W-2 wage and tax statements.

MISCELLANEOUS INCOME (Show Losses in Brackets)

T S J	Source of Income	✔	Amount
	Alimony (Not Child Support) (If you pay Alimony - list on page 9)		
	Jury Duty (Or Other Public Service)		
	Tips/Gratuities (Not Reported on W-2)		
	Contest/Awards/Gambling Winnings (Attach 1099-MISC, W2G or Explain)		
	Commissions/Bonuses (Not Reported on W-2)		
	Pensions/Annuities (Furnish 1099-R Forms or Detail)		
	IRA/Keogh (Attach Form 1099-R)		
	Profit Sharing Distributions (Attach Form 1099-R)		
	Unemployment Compensation (Attach 1099-G Form)		
	Partnerships/Estates/Trusts (Furnish K-1 Forms or Details) *		
	Small Business Corporations/Sub Chapter S (Furnish K-1 Forms) *		
	Business/Self-Employed (Furnish Schedule or Details) *		
	Farm (Furnish Schedule or Details) *		
	Rental (Furnish Schedule or Details) *		
	Forgiven Debt ☐ Check if due to foreclosure		
	Other (Explain)		

* If you did not actively or materially participate in earning the income (or loss) listed ▲ ✔ this box

NON-TAXABLE INCOME (Important to list even if not taxable)

	Child Support/Payments/Assistance (Not Alimony)		
	Veterans Benefits/Disability Income		
	Workmen's Compensation/Loss of Time Payments		
	Other (Explain):		
	Other (Explain):		

SOCIAL SECURITY (Form SSA - 1099)

Code				Benefits (from box 5)
T — Taxpayer S — Spouse J — Joint Use these codes if married filing jointly	**IMPORTANT:** provide all SSA-1099 statements	Taxpayer		
		Spouse		
	Note any Federal tax withheld			

INTEREST INCOME

T S J	Name of Payer (always use payer name listed on the 1099)	✔	Interest Amount	Exempt	CODE
	Penalty for early withdrawal of savings		( )		

List interest income reported on all 1099-INT and 1099-OID forms.

Attach all 1099 forms reporting Tax Withheld.

Do not list IRA or Retirement Plan reported interest unless withdrawn and not redeposited in another Retirement Plan within 60 days.

✔ if 1099 forms attached

Use These Codes below if from indicated sources

MB MUNICIPAL BONDS
IN INSTALLMENT SALES
US U.S. BONDS
TE TAX EXEMPT (explain)
MF MORTGAGE FINANCED BY SELLER
(list name, address & Social Security no.)

LIST CODE HERE

DIVIDEND INCOME

ATTACH ALL 1099 DIVIDEND FORMS

T S J	Name of Payer (payer name from 1099)	Total Ordinary Dividends	Qualified Dividends	Capital Gains*	Non Taxable	✔

List Gross Dividends above as reported on 1099-DIV forms received. Dividends under $10 do not require a 1099.

* Related to mutual funds.

If in doubt about any amounts listed on 1099-DIV, attach the 1099 and any explanation mailed with it.

✔ if this 1099 DIV has information not listed above please check here

CAPITAL GAINS AND LOSSES

Stocks, Bonds and Mutual Funds (Attach Form 1099-B) Sale of Property and Real Estate (Attach Form 1099-S)

T S J	Description	Date Acquired MO/DA/YR	Date Sold MO/DA/YR	Sale Price	Cost or Basis (Include Sale Expense)*	CODE
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					

NOTE: Record ALL fund transactions including mutual funds.

Use These Codes below if from indicated sources

A 1099-B Received; Box 3 basis (cost)
B 1099-B Received; No Box 3 basis (cost)
C No 1099-B Received; basis is my cost

LIST CODE HERE

1. List line # if items sold on installment basis.* #____________
   - Note interest above.
   - Principal Received: this year $__________ prior year $__________
2. If anything above was inherited and sold, list line number(s). #____________
3. If 1099-B stated basis (cost) is wrong, mark next to the incorrect value with the codes above and provide the correct cost on an attached sheet.

* For new installment sale, also report selling expenses, mortgage assumed and if used in business, accumulated depreciation and include copy of settlement papers.

SALE OF PERSONAL RESIDENCE

Date Old Residence Acquired		Cost or Basis	
Improvements (Additions, Landscaping, Driveway, New Roof, etc.)			
Fixing-Up Expenses (Painting, Repairs, etc., To Prepare for Sale)			
Date Old Residence Sold		Selling Price	
Expenses of Sale (Commissions, Legal Fees, Points, Stamps, etc.)			

1. Was any part of residence rented during the year? Yes ☐ No ☐
2. Did you own and use the home as your principal residence for at least 2 of the last five years? Taxpayer: Yes ☐ No ☐ Spouse: Yes ☐ No ☐
3. Was the sale of residence due to a job transfer, medical or unforeseen circumstance? Yes ☐ No ☐
4. Have you deferred a gain from the sale of a personal residence into the home sold? Yes ☐ No ☐
   If so, please provide Form 2119 from tax return for year prior home sold.
5. Was the residence used as a home office? Yes ☐ No ☐
6. Have you or spouse sold a principal residence within the last two years? Yes ☐ No ☐
7. Has either spouse died in the past two years? Yes ☐ No ☐

NEW RESIDENCE

Date New Residence Acquired (Or Construction Began)			
Date You Occupied New Residence		Cost of New Residence	

- If married, do you and your spouse have the same proportionate interest in the new residence as in the old? Yes ☐ No ☐

Special Note: Capital Gains Tax laws allow exclusion of up to $500,000 (joint), $250,000 (Single/HH) of home sale gains.

- Did either you or your spouse have NO ownership interest in a principal residence in the past three years prior to this purchase? Yes ☐ No ☐

Attach Copy of Real Estate Closing Papers for both the sale and purchase.

HIGHER EDUCATION EXPENSES

Note: Many higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax deferred savings accounts. Please provide information for each student enrolled in a qualified institution.

Note: "✓" If student is attending less than 1/2 Time	1st Student	2nd Student	3rd Student
Code (T=Taxpayer, S=Spouse, D1= Dependent 1, D2=Dependent 2)			
Attach any 1098-T's received	Amount	Amount	Amount
Tuition (Tuition paid during year for at least half-time enrollment)			
Fees			
Books and Supplies (purchased from institution)			
Other Expenses (Enter amounts as these expenses may qualify for tax/penalty-free IRA withdrawals, student loan interest deduction, or U.S. Savings Bond Interest Income Exclusion)			
Room and Board			
Amount of any Grants,Scholarships or other tax free educational Funds received			

JOB RELATED EDUCATION

(Enter amounts only if job/career-related and only for you and your spouse)

Room and Board			
Books and Supplies			
Seminar Fees			
Travel (# of Miles)			

DEDUCTIONS

List only amounts that have actually been paid during the year. Save all cancelled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar. **DO NOT DUPLICATE ANY ENTRY.**

MEDICAL

Only un-reimbursed medical expenses that exceed 10% of adjusted gross income are allowed (7.5% if age 65 or older).

T/S	Drugs and Medicines	Amount
	Prescriptions & Drugs (Doctor Prescribed Only)	
	Insulin	

T/S	**Medical Insurance** Please specify if paid Pre Tax ☐ After Tax ☐ Unsure ☐	Amount
	Insurance — Paid by You (✔ If Paid Through a Health Insurance Exchange ☐)	
	Group Health Plans (Deducted from Salary; provide final year pay stub)	
	Medicare Premiums — From Social Security Benefits	
	Medicare Premiums — From Supplemental Insurance	
	Long-term Health Care Insurance	
	HSA, Other	

T/S	*Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.	Amount Paid By You	T/S	Other Medical Expenses	Amount Paid By You
				Eye Glasses/Contact Lenses	
				Hearing Aids & Supplies	
				X-Ray/Lab Fees	
				Ambulance, Paramedics	
				Nurses (Board & Room)	
				Medical Aid Rental	
				Artificial Teeth	
				Equipment (Prescribed)	
				Nursing Home Medical Care	
				Medicare Part B Service Payments	
				Smoking Cessation Program	
				Parking / Transportation Fees	
	***Summary Total (Optional)**				

	Lodging: While away from home (per day per person maximums apply)	
	Transportation: Total number of miles driven for medical reasons or actual cost	
	Above amounts reimbursed by insurance	
	Note any Health Insurance Premium Credits Received during the year.	

Comments or explanations:

NOTE: Use T/S columns above and on page 9 under MISCELLANEOUS if married and filing separately or to determine if filing separately could be beneficial. Be sure to include co-payments for doctor visits.

TAXES

Description of Tax			State Located	Amount of Tax
Real Estate Taxes (Include whether you plan to itemize or not)				
Real Estate Taxes (Other) (Exclude if included on a Rental Schedule)				
Property Tax Rebates (If Any)				( )
Personal Property Tax (If Any)				
Auto Licenses (Not a Deduction in All States)	Number of Licenses		Total Cost	
State or Local Income Taxes (If Not Listed Elsewhere or on W-2) (Describe Below)				
Sales Tax*:				
Other:				

Comments or Explanations:

* Please provide sales tax support documents for any large purchases made during the year.

INTEREST

(Amounts, names, and social security numbers must match Form 1098 issued by financial institutions.)

Mortgage Interest Principal Residence	Paid to Financial Institution (Form 1098)	
	Paid to an Individual **(List name, address, Soc. Sec. no. below)**	
	Name / Address / So. Sec. No.	
Mortgage Interest Second Home	Paid to Financial Institution (Form 1098)	
	Paid to an Individual **(List name, address, Soc. Sec. no. below)**	
	Name / Address / So. Sec. No.	

Did you acquire a new mortgage or borrow on an existing mortgage during the year? Yes ☐ No ☐
(provide closing settlement papers - pages 1 & 2)

If yes, what is your combined mortgage debt? → $

Mortgage insurance premiums paid (new insurance contracts issued 2007 or later) $

Points paid to acquire new mortgage (if not included above)	
Home Equity Loan Interest (Form 1098)	
Home Improvement Loan Interest (Form 1098)	
Student Loan Interest (Attach details of loan: who for, date of loan, purpose of loan)	
Other:	
Deductible Investment Interest (explain below) ie: Margin Interest	

Comments or Explanations:

NOTE: Personal interest from credit cards, department stores, autos, bank loans, etc., is not deductible.

CONTRIBUTIONS

T/S	Church and Religious		If No Receipt	X	Amount
	Church (Name)				
	Church (Other)				
	Other Religious (Name)				

Other Charitable Organizations (*You must have a cancelled check, a bank record or receipt from donee for all cash contributions)

T/S	If No Receipt*	X	Amount	T/S	If No Receipt*	X	Amount
	Cancer				Heart Fund		
	Easter Seals				Christmas Seals		
	Red Cross				United Way		
	Scouts				YMCA/YWCA		
	Blind				Educational TV/Radio		
	Muscular Dystrophy						
	Arthritis Foundation						
	Veteran's Organization (Name)						
	Schools (Name & Describe)						
	Misc. Door-to-Door						
	Other:						
	Summary Total Optional (See note below)						

Note: A summary total for cash or check contributions may be used above. Political contributions are not deductible. If you received a gift for your donation listed above, reduce your donation by the value of the gift.

Non-Cash Contribution (List the Fair Market Value of non-cash items donated, such as clothing and other property).

	Name of Organization	Items Donated	Date	Value

Note: If non-cash donations have a total value of $500 or more, attach a detailed list of items donated, the name and address of donee organization, the purchase date, cost and the method used to arrive at fair market value (items over $5,000 require appraisal). If you donated a vehicle, please attach your Charity's acknowledgement. If the Charity sells the vehicle, your deduction value is generally limited to the amount of the sale proceeds. Donated clothing and household items must be in good or better condition.

Volunteer Work — Mileage (Church, Hospitals, or Non-Profit Organizations or to drop off contributions)

	Name of Organization	Activity Performed	Parking	Miles Driven

Meals, lodging and other expense, may also be allowed — list full details.

Comments or explanations:

MISCELLANEOUS DEDUCTIONS

ONLY THE TOTAL AMOUNT THAT EXCEEDS 2% OF ADJUSTED GROSS INCOME IS ALLOWED

T/S		Amount	T/S		Amount
	Tax Preparation Fees			Safe Deposit Box	
	Union Dues			Professional Dues	
	Subs. & Trade Journals			Tools/Shoes/Glasses	
	Uniforms and Upkeep			Job Hunting Expenses (Detail)	
	Second Job Mileage	#		IRA/Keogh Fund Fees	
	Telephone	*(Explain requirement)*			
	Investment Exp.:	*(Describe)*			
	Alimony Paid (Not subject to 2% limit)	Paid to: (Name) SSN			
	Gambling Losses	*(Not subject to 2% limit but limited to Gambling Winnings)*			

See next page (10) for Auto and Employee Business Expenses.

CASUALTY/ THEFT LOSSES

ONLY THE TOTAL NET RESULT THAT EXCEEDS 10% OF ADJUSTED GROSS INCOME IS ALLOWED

✓ if loss is in Presidentially declared disaster area. ☐

From Fire, Storm, Theft and Auto Damage — If more than one, provide similar detail for each.

Kind of Property or Item	Date Acquired	Cost or Basis	
		Insurance Paid	
Describe How or What Happened:	Date of Loss	Fair Market Value — Before	
		Fair Market Value — After	

CHILD AND DEPENDENT CARE

(care expenses must be for child under 13 or individual physically or mentally incapacitated)

✓ if you have employer provided dependent care benefits. ☐

If required to be gainfully employed (or a full time student) "X" if service performed in your home (Nanny)

Name of Provider	Soc. Sec. or ID Number	Address	Paid	X

Federal ID number if required to file IRS wage reports.	#	Total Child Care Paid During Year	$
		No. of Children Under Age 13	#

Form W-10 should be used to obtain provider details. Expenses must be allocated by child or dependent. If more space needed, attach list with details.

MOVING EXPENSE

Miles from old home to old job	#	Miles from old home to new job	#
Cost to pack & ship household goods and personal items			$
Cost of travel and lodging from old to new residence (no meals)			$
Other:			$
Amount (if any) reimbursed by employer			$

RETIREMENT CONTRIBUTIONS

	Date	Traditional IRA	Roth IRA	Keogh/SEP/SIMPLE
Single or Taxpayer	/ /			
Spouse	/ /			

If you want the maximum allowable deduction - write MAX in money column(s). You will be informed of amount to deposit.

List total value of ALL IRAs on 12-31	Single or Taxpayer		Spouse	

EMPLOYEE BUSINESS EXPENSES

Vehicle Mileage Detail	Odometer Reading		Vehicle 1	Vehicle 2
☐ X if another vehicle is available for personal use.	A. End of Year	+		
Subtract B from A for (1), Total Miles Driven. List Business Mile (2), from driving log. Subtract 2 from 1 to get personal miles (3). Divide line 2 by line 1 for percent of business use.	B. Beginning of Year	–		
	1. Total Miles Driven	=		
	2. Business Miles			
Number of round-trip miles from home to work? ________	3. Personal Miles			
Number of days worked last year? ________	4. Other Miles			
	% Business Use (Line 2 ÷ Line 1)	=	%	%

Vehicle Expenses (If both taxpayer and spouse have deductions, use vehicle 1 for taxpayer, 2 for spouse)

	Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2
Gas & Oil			Licenses		
Washing/Lube			Lease Payments		
Repairs/Maint.			Other		
Tires/Accessories			Other		
Insurance					

	Date Placed in Service	Make	Year	Model	Cost or Basis	▼	X if New This Year
Vehicle 1	/ /						Furnish details on newly acquired vehicles and trade-in or disposition of old vehicle.
Vehicle 2	/ /						

Travel Expenses — Away from Home (Days Gone Overnight ________)

(non-reimbursed)	Taxpayer	Spouse		Taxpayer	Spouse
Transportation			Auto Rentals		
Lodging			Cabs, Bus, etc.		

Other Business Expense (If more lines needed continue on back page.)

Postage/Cards			Commissions		
Office Supplies			Other		
Parking/Tolls			Other		
Reimbursement for All Expenses Above — if not reported on W-2					

Meals & Entertainment (Must have supportive records and receipts)

Meals & Tips			Tickets & Events		
Entertainment			Gifts		
Reimbursement for Meals & Entertainment only — if not reported on W-2					

Did you purchase any business equipment during the year? Yes ☐ No ☐

If yes, list on back cover: date bought, cost, description and trade-in details.

I have adequate records and sufficient written evidence to support use of vehicles and deductions listed above.

(Please Sign) ____

HOME OFFICE

Type of Business	
	If Justified for Business or Professional Use for: Taxpayer ☐ Spouse ☐ Both ☐

Date Acquired Home		Utilities	
Cost of Land		Interest (mortgage, home equity loan)	
Cost of Home		Taxes	
Cost of Improvements		Insurance	
Sq. footage of living area		Rubbish & Maintenance	
Sq. ft. of office area (incl. inventory & sample storage)		Other:	

QUESTIONS (you or spouse)

For yes answers, supply details on the next page or on a separate sheet:

1. Were you notified by the IRS or STATE of any change to a tax return? Yes ☐ No ☐
2. Are any of your claimed dependents not residents or citizens of the U.S.? Yes ☐ No ☐
3. Did you make any gifts of over $14,000 to any individual (no tax advantage to you)? Yes ☐ No ☐
4. Do you have any foreign income or foreign bank accounts? Yes ☐ No ☐
5. Did you have living expenses in a foreign country as a result of income earned abroad? Yes ☐ No ☐
6. Do you have any worthless stocks, uncollectible bad debts or were a victim of a ponzi scheme? Yes ☐ No ☐
7. Did you become disabled during the year? Yes ☐ No ☐
8. Are you a handicapped employee? Yes ☐ No ☐
9. Did you receive any distribution from an IRA, Profit Sharing or Pension Plan? Yes ☐ No ☐
10. Have you used bartering to exchange any goods or services? Yes ☐ No ☐
11. Did you live in a presidentally declared disaster area or incur a loss due to conditions in a Presidentially declared disaster relief area? Yes ☐ No ☐
12. Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction? Yes ☐ No ☐
13. Did you start a new business during the year or do you expect to start one this coming year? Yes ☐ No ☐
14. Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year? Yes ☐ No ☐
15. Did you receive any source of income that is not listed in this booklet (lottery, awards, etc.)? Yes ☐ No ☐
16. Do you have children under age 19 with investment income (age 24 if dependent student)? Yes ☐ No ☐
17. Did you pay anyone (over 18) $1,900 or more to work at your home (housecleaning, yard work or other domestic help) during the calendar year? If yes, submit details. Yes ☐ No ☐
18. Do you wish to designate $3.00 of your taxes to the Presidential Campaign Fund (no cost to you)? <u>You</u> Yes ☐ No ☐ <u>Spouse</u> Yes ☐ No ☐
19. Are you and a same-sex partner considered legally married in any state? Yes ☐ No ☐
20. Did you donate a partial interest in any goods to charitable organizations? Yes ☐ No ☐
21. Do you have a Medical or Health Savings Account (MSA or HSA)? Yes ☐ No ☐
22. If you reached the age of 70½, have you begun your mandatory retirement saving withdrawals? Yes ☐ No ☐
23. Did you receive employer-provided: commuter transportation benefits? Yes ☐ No ☐
    educational assistance? Yes ☐ No ☐
24. Did you pay long term healthcare insurance premiums or receive benefits? Yes ☐ No ☐
25. Are you paying off a student loan? Yes ☐ No ☐
26. Are you a school teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses for potential deduction. Yes ☐ No ☐
27. Have you or your dependents taken a distribution from a Qualified Tuition Program (QTP) of an educational institution during this year? Yes ☐ No ☐
28. Did you roll funds into a Roth IRA or recharacterize a Roth IRA? Yes ☐ No ☐
29. Did you purchase any energy efficient equipment during the year (hybrid car, air conditioner, furnace, windows, doors, water heater, etc.)? Yes ☐ No ☐
30. Did you have qualified military combat pay? Yes ☐ No ☐
31. Do you own bonds that qualify for the Gulf Bond, Renewable Energy or Build America bond credits? Yes ☐ No ☐
32. If over age 70½, did you make a direct contribution to a charity from an IRA? Yes ☐ No ☐
33. Do all your family members have health insurance? Yes ☐ No ☐
34. Did you receive any premium health insurance credits during the year? Yes ☐ No ☐

Please answer all questions above. Provide details for any “Yes” answers. A “No” answer will be assumed if not otherwise indicated.

ADDITIONAL DETAILS AND COMMENTS

Q # or Page #	Description	Amount

Questions you may have:

CHECK LIST AND CERTIFICATION

- ☐ Review amounts and details listed in this tax booklet to assure for completeness and accuracy.
- ☐ Enclose all copies of W-2 and W-2G forms. Include a copy of all 1099 and 1098 forms as requested.
- ☐ **NEW!** Enclose health insurance coverage confirmation (form 1095 or equivalent).
- ☐ Submit other supportive documents, [eg., Form 1098 and state / county property tax statement(s)] that may be requested or may be necessary to help justify or clarify a deduction, transaction or sale.
- ☐ From the forms mailed to you by the IRS and STATE, enclose the I.D. labels and return mailing envelopes, if provided.
- ☐ If you pay estimated taxes, enclose estimated forms.
- ☐ If submitting tax data for the first time, include a copy of your previous tax return.
- ☐ If extensions have been filed, please include a copy of extension forms.

I have reviewed the information contained in this booklet and to the best of my knowledge it is true, correct, and complete.

(Please Sign) ____

WHEN COMPLETE — MAIL — DROP OFF — OR CALL FOR AN APPOINTMENT.

DIRECT DEPOSIT

Please complete the section below and attach a voided check or deposit ticket if you would like your refund directly deposited into your bank account. You may split your refund in up to three accounts. If more than one is requested, please provide your desired deposit allocation and information for each account.

Bank Name________________________________ Name on Account___________________________

Bank Routing #____ Type: ☐ Checking ☐ Savings

Taxpayer Account #______________________________________

☐ Yes, please split my refund deposit into ____ accounts (3 max.). The allocation % is ___/___/___.