

Section 1 - COMF	PLETED BY	LOAN CENTRA	L	# W2s	# 1099s	#1	098s	#109	īs	#Other		
Former Tax Customer New Tax Customer, If new, who referred you? (name&address)												
□yes □no												
☐YES ☐NO	Do you &/or your spouse have ALL W-2 forms from <u>ALL employers</u> you worked for last year?											
□YES □NO	Did you or your spouse receive unemployment compensation last year? (1099G form required)											
☐YES ☐NO												
YES NO	Are you Self Employed or have Farm Income, or were you issued a 1099 in 2023? (additional application required) If claiming dependents, do you have proof of residency for EITC (earned income tax credit) purposes or dependent's birth certificates?											
□YES □NO												
☐YES ☐NO	Did you or your dependents attend college OR pay college expenses/interest in 2023? (Education Credit Form/1098T)											
-	Do you or any member of your tax household have health insurance through the Marketplace (Obama Care) in 2023? (1095A) Have you or the IRS assigned an Identity Protection Pin (IP PIN), 6 digit number for identity theft reasons, for either the taxpayer or											
□yes □no	YES INO spouse? (If YES, who?											
□yes □no	Email my	tax returns to E	mail addre	ss				_@		com		
Section 2 - Comp	lete for ST	ATE, CITY, & SO	CHOOL DIS	TRICT PREPAR	RATION, If N	lo, skip Se	ection 2.					
□yes □no		ve in the same s			If NO, list AL			lived & the	e dates vou	lived ther	e:	
County you lived in	•				State	 '	_					
Name of School Dis					State							
		us to prepare a			_	_	ou want us					
☐YES ☐NO Direct			-									
(If no, your state chec					Roul	.irig #		AC	COUNTH			
Section 3 - PERS												
Marital Status on 1	12/31/23:	Single □Marri	ied, When_	 	arated, Whei	n	Divorced	d, When	D	Vidowed,	When	
Primary Taxpayer's Nam	ne (First, Midd	ile, Last)				e of Birth		Socia	I Security Nu			
Mother's Maiden Name	Cell ph	ione	Other Co	ontact Phone	Driver's Licens	e Number	Expiration	Alternate en	nail address			
							Date					
Spouse's Name (First, N	fliddle, Last)				Spo	use's Date o	f Birth	Spou	se's Social Se	curity Numl	ber	
						Evniration Da	te Spouse's e	mail addraga				
Spouse's Mother's Maid	len Name	Spouse's Cel	II phone	Spouse's Drivers	s License No.	Lxpiration Da	c Spouse's e	man address				
Spouse's Mother's Maid	len Name	Spouse's Cel	II phone	Spouse's Drivers	s License No.	схрігацоп да	Spouse's e	man address				
Spouse's Mother's Maid Mailing Address			II phone	Spouse's Drivers	s License No.	Ехрігацоп Ба	Spouse's e	PO E				
			Il phone	Spouse's Drivers	s License No.	<u> Ехрианоп Ба</u>	Spouse's e					
Mailing Address	(street, city, s	state, and zip)					ļ ·	PO E	sox	Mion ()		
Mailing Address Section 4 - DEPE	(street, city, s	state, and zip)	OR WHOM Y	OU ARE CLAIM	IING	(If not cl	aiming de	PO E	ox s, skip Sec			
Mailing Address Section 4 - DEPE To be your depend	(street, city, s NDENT INF lent*, a per	otate, and zip) ORMATION FOr son must be either the state of the stat	OR WHOM Y	OU ARE CLAIM	IING r your qualifyi	(If not cl	aiming de	PO E pendents may be you	ox s, skip Sec ur qualifying	child if th	-	
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Section 4	4 - DEPEI	NDENT INFORMATION CONTIN	UED						
□YES	□NO	Do you have any childre	n you are not clair		return? If				
□YES	□ио	Paid Daycare Expenses?	•	Amount Paid		Paid to:			
Daycare Ad	dress					SS/EIN#			
Section 5	5 - EMPL	OYER INFORMATION				'			
□YES	□ио	Do you have Social Secu	rity Income? (SS)	A-1099 required,)				
□yes	□ио	I am an educator and am	eligible to take th	ne Educator's Ex	pense Ded	uction? Amount\$	(\$250 max pe	er person)	
Taxpayer's	Current	Employer			From:	to:			
If YOU h	ave beer	employed less than one ye	ar, please list all othe	er employers in 20	23 and dates	employed there:			
<u>1)</u>		From:	То:	3)		From:	To:		
2)		From:	To:	4)		From:	To:		
Spouse's C	urrent E		10.		From:	to:	10.		
If YOU (S	Spouse)	have been employed less the	an one year, please l	ist all other emplo	yers in 2023 a	and dates employed	there:		
40		-	_	0)		F	_		
<u>1) </u>		From:	10:	3)		From:	To:		
2)		From:	То:	4)		From:	To:		
Section 6	6 - ADDI1	IONAL TAX INFORMATION							
1. UYES	□ио	Did you file your 2023 Ta	xes? If NO, why?	•					
2. UYES	_	If you were due a refund	=						
3. YES	_	Is there a prior year in th				ould have?			
4. UYES	□ио	Audited by the IRS at an	y time in the past	THREE Years?	If yes, whic	h year(s)?			
5. YES	_	Owe the IRS, State, Depart	-		=				
6. UYES	□ио	Filed for a bankruptcy pe	etition in the last f	ive years or pla	n to file?	Date filed:	Discharge date:		
7. YES	□ио	Contribute any money to a	401K, IRA or othe	r retirement savir	ngs account	? If yes, amt conti	ributed \$		
8. UYES					_	=			
9. YES									
10. □YES									
11. □YES									
	Which County Are you past due ANY amount? YES NO If yes, amount past due \$								
		Owe Student Loans, If ye				ance owed \$			
Name Of Nea	arest Rela	ative Not Living With You	Relationship	Phone Numb	er	Address			
		PPLICANT(S) CERTIFICATION							
		eep this Questionnaire & Au					<u> </u>		
		u to obtain from the Bureau of any and all information related							
support obli	gations a	nd/or any payments made or o	ue to you by a federa	I or state agency, a	nd/or any tax	return information dis	sclosed to DMS by information	disclosed	
		I Revenue Service in order to order to order to ormation" is defined in 26 U.S.							
or payment(s), includ	ling your tax refund payment(s). I acknowledge that	neither the Fiscal S	Service nor Lo	an Central are requir	ed to inform you of disclosure	s made under	
this authoriz	ation. TI	nis authorization will be valid for	r 6 months from the d	ate of the signing of	of this Agreem	ent, unless sooner re	voked by you in writing and is	received &	
A photocopy	or facsi	t Supervisor, TOP Call Center, mile copy of this signed author	zation has the same f	orce and effect as	an origial.	by sent to Loan Cent	rai at 1020 Lasterii Ave, Gaiii	polis, OTT 4303 T.	
		I authorize Loan Central to							
		uestionnaire & Authorization and Text Messaging rates may a							
								VISIT	
	to receive messages via Text Messaging or Email, I must provide written notice to Loan Central at 1828 Eastern Avenue, Gallipolis, OH 45631. YES NO I authorize Loan Central to email my tax returns & all applicable disclosures to the email address I provided.								
SIGNATURE	SIGNATURES: By signing my name below, I represent that everything I have stated in this Questionnaire & Authorizations are true and correct. I have read and understand each of								
the consents	s herein.	•	-						
Taxpayer/	Applicant	Signature	Date	Taxpaver/	Applicant Signa	ature	Date		
	Any pers	on who, with intent to defraud	or knowing that he is f	acilitating a fraud a	gainst Loan C	entral, completes a c		e or	
(deceptive	e statement is guilty of fraud wh	nich is a Federal crime	e punishable by fine	or imprisonm	ent, or both.			