B.O.S.S. TAXES INFORMATION PROFILE

FAX TO: 888-392-1787 OR UPLOAD TO: support.bosstaxes.com

Select the Tax Year: 2018 2017 2016 2015 2014 2013 2012 2011 2010

CLIENT INFORMATION (Please answer each question in its entirety)

Today's Date _____ Tax Year _____ Referred by _____

PRIMARY TAXPAYER FULL NAME (as displayed on Social Security Card) | If Name changed in tax year, please List Former Full Name

PRIMARY TAXPAYER Social Security Number | **Date of Birth** | **Occupation (not place of Employment)**

_____-_____-_____

Driver's License: State _____ **Number** _____ **Issue Date** _____ **Expiration Date** _____

Other: _____

Currently serving in the military? Yes ____ No _____ **Do you want $3 to go to the Presidential Campaign?** Yes _____ No _____

SPOUSE FULL NAME (as displayed on Social Security Card) | If Name changed in tax year, please List Former Full Name

SPOUSE Social Security Number | **Date of Birth** | **Occupation (not place of Employment)**

_____-_____-_____

Currently serving in the military? Yes ____ No _____ **Do you want $3 to go to the Presidential Campaign?** Yes _____ No _____

IDENTIFICATION VERIFICATION

Driver's License: State _____ **Number** _____ **Issue Date** _____ **Expiration Date** _____

Other: _____

FILING STATUS: Single ___; Married, filing jointly ___; Married, separately ___; Head of Household ___; Widow(er)____ Yr of Sp Death ___

If Separated, Date of Separation | **If Separated, Spouse SSN**

HOME STREET ADDRESS CITY STATE ZIP CODE

MAILING ADDRESS (If different) CITY STATE ZIP CODE

Email Address _____ Home No. _____

May we add your email address for updates: Yes ___ No ___ Cell No. _____

DEPENDANT INFORMATION

Dependant's Full Name	Relationship	Date of Birth	SSN	Months in Home	Fulltime Student?	Disabled?

Please check all that apply:

Live in any other states? _____
Work in any other states? _____
Receive ALL W-2s and/ or 1099s from ALL sources? _____
Receive unemployment compensation? _____
Pay alimony? _____
Pay daycare expenses? _____
Pay interest on student loans? _____
Receive a state tax refund? _____
Have a Home Mortgage? _____
Have Medical Expenses? _____
Gave to charity or church? _____
Receive a pension, annuity, ROTH, IRA? _____
Have a business or self-employed? _____
Use a portion of home for business? _____
Own rental property? _____
Receive royalties? _____
Operate a farm? _____
Have income as a minister? _____
Healthcare insurance all year? _____

If I am due a refund, I would like to have my fees taken out of my refund instead of having an out of pocket expense. I declare that all statements and documents provided are true and accurate. I have provided this information of my own free will.

Primary Taxpayer's Signature & Date

Tax Preparer's Signature & Date

B.OS.S. TAXES
IRS Direct Deposit Information

Checking _____ Savings _____

Name (as shown on Bank Account) _____

Billing Street Address _____

Driver's License No. _____ Exp. Date: _____ Issue Date:_____

Bank Name: _____

Routing Number: _____ Bank Account Number: _____

Payment Authorization Form

Amount to be charged: _____$250 for Basic Return _____$350 Basic Return w/Business

I authorize We Are B.O.S.S. LLC. d/b/a B.O.S.S. Taxes and its subsidiaries, to charge the above payment upon deposit of either my Federal or State tax returns to my Checking or Savings account as a one-time charge. In the event my tax refunds are withheld, it is agreed that the preparation fees will be deducted within three (3) business days of the original anticipated date of deposit. I further understand that should my payment be returned as an NSF or declined, I will be charged an additional $40.00, which will be deducted via ACH within three (3) business days of the bank's notice. No additional correspondences are required for the ACH debits to occur.

I understand and agree to the tax preparation fees and foregoing terms. I am aware that We Are B.O.S.S. LLC. d/b/a B.O.S.S. Taxes and its subsidiaries DO NOT provide free estimates. The tax preparation fee is due upon completion of the tax preparation. If my tax preparation results in a tax liability, the fee will be deducted via ACH prior to filing. If I elect to have my returns completed with another tax agency after completion of the tax preparation, the fee will be deducted via ACH immediately upon refusal of service(s).

_____ _____
Taxpayer Print Name Date

_____ _____
Taxpayer Signature Date

_____ _____
B.O.S.S. Taxes Authorized Signature Date

*Taxes and amendments prepared after the current tax year, are payable prior to filing.

B.O.S.S. TAXES - HEALTHCARE INFORMATION

FAX TO: 888-392-1787 OR UPLOAD TO: SUPPORT.BOSSTAXES.COM

HEALTHCARE TAX INFORMATION - Please Attach for 1095 A, B, or C if you had insurance at any time during the year.

Did you have healthcare coverage for the entire tax year? Yes No

If yes, was this through: Company Insurance Individual Insurance Marketplace Medicaid Medicare (circle one)

If no, select the months you were NOT covered: Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

Circle the medical form received: 1095-A 1095-B 1095-C

Did your family have healthcare coverage for the entire tax year? Yes No

If yes, was this through: Company Insurance Individual Insurance Marketplace Medicaid Medicare *(circle one)*

If no, list the names and months you were NOT covered:

MARKETPLACE INFORMATION:

If you or your family signed up and are active users of The Affordable Care Act and obtained your insurance coverage through the Marketplace, you should have a form: 1095. Did you receive that form? Yes No

If you did not receive this form, you must contact your Marketplace Provider. We cannot complete your tax returns without this document.

EXEMPTIONS OR NO COVERAGE:

Were you exempt from obtaining Healthcare Coverage? Yes No

If yes, please indicate your exemption certificate number: _____

If no, you may be responsible for lack of coverage on the months detailed above.

I, _____, take full responsibility for the information provided for my tax household's healthcare coverage. I understand that any false documentation or indication can result in submitting a fraudulent tax return that will have legal ramifications and responsibilities issued by the governing agencies and the IRS against me.

Primary Tax Payer's Signature Date

Tax Payer's Signature Date

Tax Preparer's Signature Date

HOME BASED BUSINESS DEDUCTIONS & EXPENSES

BUSINESS NAME _____
BUSINESS EIN _____
BUSINESS ADDRESS _____
TYPE OF BUSINESS _____
DATE BUSINESS STARTED _____

GROSS EARNINGS $ _____
PAID WAGES $ _____

EXPENSES

RENT $ _____
INSURANCE $ _____
CAR & TRUCK $ _____ MILEAGE _____ REPAIRS $ _____ INSURANCE $ _____
CAR MAKE & MODEL _____ DATE PLACED IN SERVICE _____
ADVERTISING $ _____
WEBSITE $ _____
INTERNET $ _____
LICENSES $ _____
PROFESSIONAL FEES $ _____
BUSINESS PHONE $ _____
UTILITIES $ _____
OFFICE & SUPPLIES $ _____
TRAVEL & MEALS $ _____

ADDITIONAL EXPENSES SPECIFIC TO YOUR TYPE OF BUSINESS

EXPENSES	TOTAL AMOUNT
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$

Please note that all listed expenses for a sole proprietorship are the taxpayer's responsibility to validate with the IRS. Certain documents and claims may be asked for in order for B.O.S.S. Taxes to complete the Schedule C portion of your tax return. In the case of an audit, the IRS will request that you provide them proof of expenses that are being claimed. Please be sure that you keep all of your receipts, mileage and gas logs, and all documentation related to the expenses that you are claiming. If you have paid out wages, you may have to provide a 1099 to wages paid to contracted workers. If you have any questions, please do not hesitant to let us know.

BLANK FORMS CANNOT BE SUBMITTED AND WILL BE RETURNED FOR COMPLETION.

I certify that the information provided are my documented expenses and all the information provided is truthful and my responsibility to provide its accuracy to the IRS.

_____ _____
Tax Payer's Signature Date

_____ _____
Tax Payer's Signature Date