



**Contact Information**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Taxpayer Information**

Filing Status:  Single     Married Filing Jointly     Married Filing Separately  
 Head of Household     Widow

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Taxpayer's Spouse Information (If Applicable)**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Documents Needed for Your Tax Preparation Service**

- Copy of Your Driver License
- Copy of Your Spouse's Driver License (If Married Filing Jointly)
- Copy of Birth Certificate of All Dependents Being Claimed
- School Letter for All Dependents Being Claimed (If Students)
- Childcare Letter with Business Information, Your Address, and Fees Paid (If Applicable)

We need **ALL the forms** you have received or should receive but have not received from **ALL Employers / Payers / and any other source of income you had**, including the following forms:

- W2     1099 (NEC, Misc, C, SSA, Div...)     1098 (T...)     1095 (A, B)     K-1
- And any other Tax Form that should be included in your Tax Filing.**





**Dependent's Information (#1)**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship: \_\_\_\_\_ What School Attends?: \_\_\_\_\_

How many months lived in the same address with the taxpayer? \_\_\_\_\_ Months.

Did you pay **50% or more of the expenses** for this dependent?  Yes  No

Can somebody else claim this dependent?  Yes  No (If yes, why is the other person not claiming the dependent? \_\_\_\_\_ and If known, where is the other person? \_\_\_\_\_).

Did this dependent earn **\$4,400** or more?  Yes  No

Is this dependent disabled?  Yes  No (If yes, we need the Doctor's Letter).

**Dependent's Information (#2)**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship: \_\_\_\_\_ What School Attends?: \_\_\_\_\_

How many months lived in the same address with the taxpayer? \_\_\_\_\_ Months.

Did you pay **50% or more of the expenses** for this dependent?  Yes  No

Can somebody else claim this dependent?  Yes  No (If yes, why is the other person not claiming the dependent? \_\_\_\_\_ and If known, where is the other person? \_\_\_\_\_).

Did this dependent earn **\$4,400** or more?  Yes  No

Is this dependent disabled?  Yes  No (If yes, we need the Doctor's Letter).

**Dependent's Information (#3)**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship: \_\_\_\_\_ What School Attends?: \_\_\_\_\_

How many months lived in the same address with the taxpayer? \_\_\_\_\_ Months.

Did you pay **50% or more of the expenses** for this dependent?  Yes  No

Can somebody else claim this dependent?  Yes  No (If yes, why is the other person not claiming the dependent? \_\_\_\_\_ and If known, where is the other person? \_\_\_\_\_).

Did this dependent earn **\$4,400** or more?  Yes  No

Is this dependent disabled?  Yes  No (If yes, we need the Doctor's Letter).



**General Questions | ALL QUESTIONS ARE RELATED TO THE WHOLE TAX YEAR.**

- 1) Did you buy/sell/trade/any interest in **Cryptocurrency**?  Yes  No
- 2) Would you like to donate **\$3 to the Elections Campaign**?  Yes  No
- 3) Did you make any **Estimated Tax Payments**?  Yes  No
- 4) Did you have **Health Insurance** through **the Health Insurance Marketplace (Florida Blue, Oscar, Ambetter...)**?  Yes  No - If Yes, we need the form 1095-A, you can obtain a copy by calling 1-800-318-2596.
- 5) Was **any of the persons** included in this tax return (taxpayers and/or dependents), **outside the United States of America more than 6 months**?  Yes  No
- 6) For **any of the persons** included in this filing, have they ever been **denied a Tax Credit before**?  Yes  No
- 7) Is there **any specific Tax Issue that we should be aware of** with this return?  
 Yes  No
- 8) During **2023**, did you have **any foreign account**?  Yes  No (If yes, are you required to file any form with the IRS?  Yes  No )
- 9) Did anyone receive **Unemployment**?  Yes  No
- 10) **Did somebody else pay for your, your spouse, and/or your dependents living expenses**?  Yes  No
- 11) Did the **dependents** (not for parents) **live with your more than 6 months** in the same address?  Yes  No

Please write below any specific questions you would like to discuss with your tax preparer:

---

---

---

**Direct Deposit Information**

If you would like to receive your Tax Refund by direct deposit, please attach a voided check or fill the following information:

Bank Name: \_\_\_\_\_ Account Type: [ ] Savings [ ] Checking

Routing Number:

--	--	--	--	--	--	--	--	--

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Terms & Conditions Agreement**

By signing below, you agree and accept our Terms & Conditions as follows:

In no event shall BBN Online Solutions, BBN Online Solutions, Inc, its owners, representatives, subsidiaries, affiliates, suppliers, and/or the respective employees, collectively "The Provider" be liable for any special, indirect, incidental, consequential or exemplary damages arising out of or in connection with the products, sales, bids, service, services and/or these terms and conditions (however arising, including negligence), including lost profits, whether or not the possibility of such damages was, or could have been, known. The liability of The Provider, to you and/or any third party in any circumstance is limited to the amount paid by you for the product and/or service purchased from The Provider or fifty (\$50.00) US American Dollars, whichever lowest. The foregoing limitation of liability shall apply whether any claims based upon principles of contract, warranty, negligence and/or other tort, breach of any statutory duty, principles of indemnity and/or contribution, the failure of any limited and/or exclusive remedy to achieve its essential purpose and/or otherwise and/or any other failure. You agree to these terms and conditions and you agree to mandatory arbitration. This limited liability agreement will apply and remain in full effect to this service and/or any other previous, current, and/or future service(s) acquired from The Provider. If one section of the entire sale and/or agreement does not apply, the rest should remain in full extent. Client (You, Customer, Buyer) agree(s) that any and all sales, transactions, and/or services offered through The Provider, constitutes a sale under applicable Florida law with jurisdiction and venue solely and exclusively in Osceola County, Florida, USA.

You also agree that all information provided to us written and/or verbally is true, complete, and correct, and it will be used in connection to the services performed by us.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_