

# FAX-A-TAX

<b>Fax To:</b>	888-853-1508 or if busy fax to 888-738-4891
<b>OR Email To:</b>	contact@myntcinc.com
<b>Our Phone:</b> (For Questions)	866-996-9829 or 601-426-1040
<b>From:</b> (Taxpayer's Name)	
<b>Your Phone:</b>	
<b>Tax Consultant:</b> If you have a preference for a consultant please enter their name otherwise leave blank.	
<b>Tax Year(s):</b>	
<b>Referred By:</b>	
<b>Pages Attached:</b>	
<b>Taxpayer(s) Signature:</b>	

By signing above I am consenting to let NTC prepare my tax returns.  
We ♥ Referrals!!!

Give this sheet to a friend. Your friend will fax this sheet in and you can receive up to a \$100 check for referring them.

Visit Us Online at [www.mynationaltaxcenters.com](http://www.mynationaltaxcenters.com)

**Documents to Attach Checklist:**

- € **Complete Pre-interview Sheet**
  
- € **Copy of Drivers License or ID Card if you are a NEW client. If you are a prior client and your drivers license or ID card is expired please provide us with an updated copy.**
  
- € **Copy of Social Security Card(s) for self/spouse and dependents (only submit these documents if you are a new client or if you are a prior client and dependents were not previously filed).**
  
- € **All W-2's, 1099's, 1098's and any additional tax documents received.**
  
- € **Copy of Voided Check or Bank Routing and Account numbers if you would like your refund direct deposited.**

**Additional Notes for Tax Professional**

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**You will need:**

- Tax Information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

**Please complete pages 1-3 of this form.**

- You are responsible for the information on your return. Please provide complete and accurate information.
- If you have questions, please ask the Tax Professional.

## Part I – Your Personal Information

1. Your first name		M.I.	Last name		Social Security Number	
2. Your spouse's first name		M.I.	Last name		Spouse Social Security Number	
3. Mailing address				Apt #	City	State ZIP code
4. Home Phone:		Cell:		Cell Carrier:		Email:
5. Your Date of Birth	6. Your job title		7. Last year, were you:		a. Full time student	<input type="checkbox"/> Yes <input type="checkbox"/> No
			b. Totally and permanently disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	c. Legally blind	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Your spouse's Date of Birth	9. Your spouse's job title		10. Last year, was your spouse:		a. Full time student	<input type="checkbox"/> Yes <input type="checkbox"/> No
			b. Totally and permanently disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	c. Legally blind	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Can anyone claim you or your spouse on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure						
12. Have you or your spouse: a. Been a victim of identity theft? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Adopted a child? <input type="checkbox"/> Yes <input type="checkbox"/> No						

## Part II – Marital Status and Household Information

1. As of December 31 of last year, were you:

<input type="checkbox"/> Single (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)	a. Did you live with your spouse during any part of the last 6 months of the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Married	b. Was your marriage recognized under the laws of the state(s) you are filing in?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
<input type="checkbox"/> Divorced or Legally Separated	Date of final decree or separate maintenance agreement	_____
<input type="checkbox"/> Widowed	Year of spouse's death	_____

2. List the names below of:

- **everyone** who lived with you last year (*other than you or your spouse*)
- **anyone** you supported but did not live with you last year

Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Dependent SSN#	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)			

National Tax Centers Tax Professionals are trained to provide high quality service and uphold the highest ethical standards. To report unethical behavior to NTC, email us at [HR@MYNTCINC.COM](mailto:HR@MYNTCINC.COM).

Yes	No	Unsure	Check appropriate box for each question in each section
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**Part III – Income – Last Year, Did You (or Your Spouse) Receive**

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. (A) Tip Income?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. (B) Scholarships? (Forms W-2, 1098-T) Name of School Attended: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. (B) Refund of state/local income taxes? (Form 1099-G)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. (B) Alimony income?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. (A) Self-Employment income? (Form 1099-MISC, cash)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. (A) Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. (B) Unemployment compensation? (Form 1099-G)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. (M) Income (or loss) from Rental Property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, etc.) (Forms W-2G) Specify _____      |

**Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay**

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. (B) Alimony? If yes, Spouse Name: _____ SSN: _____ Amt Paid: \$ _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Contributions to a retirement account? _____ IRA (A) _____ 401K (B) _____ Roth IRA (B) _____ Other _____         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. (B) Post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T) School Attended: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. (B) Medical expenses? (including health insurance premiums)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. (B) Home mortgage interest? (Form 1098)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. (B) Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. (B) Charitable contributions?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. (B) Child or dependent care expenses such as daycare?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. (A) Expenses related to self-employment income or any other income you received?                                |

**Part V – Life Events – Last Year, Did You (or Your Spouse)**

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. (COD) Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. (A) Buy, sell or have a foreclosure (COD) of your home? (Form 1099-A)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. (B) Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. (B) Live in an area that was affected by a natural disaster? If yes, where? _____                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. (A) Receive the First Time Homebuyers Credit in 2008?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. (B) Pay any student loan interest? (Form 1098-E)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D? _____        |

**Yes** **No** **Unsure** Check appropriate box for each question in each section

**Part VI: Health Care Coverage (includes CHIP, Medicare, Medicaid, Employer-Sponsored Insurance, Individual Health Insurance, etc.)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Last year, did you have health care coverage for you, your spouse, and all qualifying dependents? (Forms W-2, 1099 SSA and Form 1095 series)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Last year, did you or your spouse receive an advance payment from the Marketplace to help you pay for your monthly health care payments? (Form 1095A)

Visit <http://www.healthcare.gov/> or call 1-800-318-2596 for more information on health insurance coverage options and assistance.

If you're receiving advance payments of the premium tax credit to help pay for your health insurance coverage, you should report life changes, such as income, marital status or family size changes, to your marketplace. Reporting changes will help to make sure you are getting the proper amount of advance payments.

Had Health Care Coverage	(B) For the Entire year (12 months)	(B) For part of the year (Less than 12 months)	(B) No Health Care Coverage at all	(B) Qualify for an exemption
Taxpayer				
Spouse				
Dependent number 1 (page 1)				
Dependent number 2 (page 1)				
Dependent number 3 (page 1)				
Dependent number 4 (page 1)				

**Part VII – Additional Services**

1. Would you like to make a **\$25 tax deductible** donation to the “Do You Know HIV/Aids Foundation” ?      Yes      No
2. Would you like to add Audit Protection to your tax return for a one-time fee of \$89.99 to protect this tax return for three years if you are ever audited by the IRS or State? We **HIGHLY RECOMMEND** this service due to the increase IRS/State Audits.      Yes      No

**\*\*If you answered YES to any of the above questions please let your Tax Professional know because it is possible it could result in a larger refund or balance due to the IRS**

By signing below, I understand to the best of my knowledge this information is true and accurate. I have all receipts, log books and all other documentation that is required to support my claim. If I am audited for any fault of my own, by giving false information, I will not hold National Tax Centers liable. You have the final responsibility for the income tax returns and therefore, you should review them carefully before you sign them. I also understand that the I.R.S. does random EIC audits and if chosen it is not because National Tax Centers has made an error on my return and that my refund will be held until I provide National Tax Centers with the information that is needed, additional fees will apply to clear up the audit examination. I also understand that if my refund is not approved within 12 to 24 hours, I should expect a refund within 10-21 days if I don't owe any other prior debts with any other government agencies including child support and student loans. I also understand that if National Tax Centers enters my information into their system and afterwards I choose not to have my taxes filed with National Tax Centers I am subject to pay a cancellation fee of \$50 before I receive my tax documents if my return has not been transmitted. I also give National Tax Centers permission to take their service fee out of my refund check and I am due a balance if any is left. In the event that I do not have money to pay for services rendered, I give NTC permission to change my address to theirs so they can receive their service fee and I give them permission to endorse my name to the federal or state refund check. I also acknowledge that I received a copy of the Privacy Disclosure Act and the National Tax Centers warranty. If I filled this form out via Fax A Tax without physically being present at any NTC location, I give NTC permission to sign all of my financial information by using the signature on file relative to this form and or by using my electronic PIN that was used to electronically file my tax returns. If elected, I also give NTC permission to deduct the Audit Shied fee, HIV Foundation donation or any other additional services that may require deductions of fees.

Section 7216 Disclosure or Use of Information: Our communications are “confidential” not “privileged.” This means that in most cases our communications cannot be disclosed to third parties without your written consent. On the other hand, privileged communications are not permitted to be disclosed, even in court. If we are served by a properly issued administrative summons compelling us to testify in court proceedings, even our confidential communications are subject to disclosure.

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**Part VIII – NTC Tax Professional Certified Quality Reviewer Checklist (To Be Completed By NTC Staff).**

**Check Beside Each Item & Review the tax return with the taxpayer to ensure:**

- 1.) Taxpayer (and Spouse's) identity was verified with a photo ID.
- 2.) The NTC Tax Professionals quality reviewers are certified to prepare/review this return and return is within scope of company policy.
- 3.) All unsure boxes were discussed with the taxpayer and correctly marked yes or no.
- 4.) The information on pages one through three was correctly addressed and transferred to the return.
- 5.) Names, SSNs, ITINs, and EINs, were verified and correctly transferred to the return.
- 6.) Filing status was verified and correct.
- 7.) Personal and Dependency Exemptions are entered correctly on the return.
- 8.) All Income (including income with or without source documents) checked "yes" in part III was correctly transferred to the tax return.
- 9.) Adjustments are correct.
- 10.) Standard, Additional or Itemized Deductions are correct.
- 11.) All credits are correctly reported.
- 12.) All Affordable Care Act information is reported correctly
- 13.) Withholding shown on Forms W-2, 1099 and Estimated Tax Payments are correctly reported.
- 14.) Direct Deposit/Debit and checking/saving account numbers are correct.
- 15.) SIDN is correct on the return.
- 16.) The taxpayer(s) was advised that they are responsible for the information on their return.

**NTC Tax Professional Signature:** \_\_\_\_\_

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

Additional Tax Professional notes

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**\*Ask your Tax Professional about our Guarantee. If we make or cause an error on your tax return we will reimburse you up to \$500.00 for penalty and interest\***

**Taxpayer Signature:** \_\_\_\_\_

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

**Spouse Signature:** \_\_\_\_\_

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