**NCR Financial Services Tax Consent Form**

**(NCR Accounting & Financial Services LLC)**

1561 Virginia Ave. Unit 208A Atlanta, GA 30337 | 2500 Fait Avenue, Baltimore MD 21224

**Tel: (770)-702-0746 | (443) 708 – 0468 | (571)-331-8503 Fax: 1-866-920-4718**

To help us prepare your tax return efficiently for you to pay the lowest possible tax liability and to receive your refund faster; please give us the following information, which stands as your consent.

Applicant’s Name: Today’s Date:

 First Middle Last

Date of Birth: SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MM/DD/YYYY

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Spouse:­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Date of Birth: SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MM/DD/YYYY

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Filling Status (Please Check One)

Single Married filing joint Married filing separate Head of Household Qualifying Widow(er): Exact date spouse died

Dependent(s) Full Name Date of Birth SSN Relation Months Home

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Please fil in the following completely:

Driver’s License Taxpayer #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue Date: \_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_

Driver’s License Spouse #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue Date: \_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_

How do you want your refund? IRS Check E-collect Check Direct Deposit

- If choosing IRS check or E-collect Check

\_\_ Mail to your current address?

 Pick up by you from our office?

-If choosing direct deposit

 Bank Name: Routing # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Acct. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, I give NCR Tax Services the authorization and consent to prepare my tax return.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOCUMENTS NEEDED:** (Check the Form)

1. CONSENT FORM
2. SELF EMPLOYMENT FORM FOR SELF EMPLOYED
3. COPY OF SOCIAL SECURITY NUMBER
4. VOIDED CHECK

**CHILDREN**

1. SOCIAL SECURITY NUMBER
2. BIRTH CERTIFICATE
3. SCHOOL RECORDS

**INCOME**

1. W2 FORM
2. 1099 MISC FORM
3. 1099 RETIREMENT INCOME
4. 1099-INTEREST
5. 1099 DIVIDENDS
6. 1099 UNEMPLOYMENT
7. ALIMONY RECEIVED
8. K-1s (PARTNERSHIP/S CORPORATION/ TRUST/ESTATE)
9. SOCIAL SECURITY INCOME
10. SSI DISABILITY
11. SCHOLARSHIP & FELLOWSHIP GRANTS
12. SELF-EMPLOYMENT INCOME (NO 1099F BANK STATEMENTS)
13. 1099-A and /or 1099-C DEBT CANCELLATION
14. SALE OF STOCKS

 **DEDUCTION**

1. 1098F MORTGAGE INTEREST
2. 1098T FORM EDUCATION FORM
3. 1098 STUDENT LOAN INTEREST FORM
4. CHILDCARE STATEMENT
5. REAL ESTATE TAX FORM
6. INSURANCE FORM OF PAYMENT
7. HOMEOWNER DUES
8. DUES FROM ASSOCIATION

**HEALTHCARE INFORMATION**

1. INSURANCE FROM MARKETPLACE
2. INSURANCE FROM YOUR EMPLOYER
3. FORM FROM MARKETPLACE

**NCR Financial Services**

**(NCR TAX SERVICES)**

 1561 Virginia Ave, Unit 206A/207A College Park, GA 30337

**FAX# 1-866-920-4718**

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**FAX COVER LETTER**

**DATE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FROM:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERRAL NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHURCH NAME\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUSINESS NAME\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF CLIENT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY AND STATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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