Central Tax Services Data Sheet

(*Please include a copy of your last year's return if available*)

Taxpayer Name: ____ Spouse Name: ____

Occupation: ____ Occupation: ____

SSN: ______________________ Birthday: ____________________ SSN: _______________________ Birthday: _________________

Address: ____ Apt#: ______

City: _______________________ State: ________ Zip ___________

Taxpayer Email:____ Spouse Email:____

Phone (Taxpayer): ___________________________ Phone (Spouse):______________________________

Dependent Name: (First, Initial and Last Name)	**Dependent's SSN**	**Months lived in your home this tax year?**	**Relationship to you**	**Birthday**

1- Can someone else claim you as a dependent? ☐ YES ☐ NO
2- Did you or your spouse receive, sell, send, exchange, or acquire any financial interest in any virtual currency? ☐ YES ☐ NO
3- You and your spouse lived apart during the year. ☐ YES ☐ NO If yes, for how many moths ____________
4- You or your spouse was a resident of another state or earned income in another state during the last year. ☐ YES ☐ NO
5- Did you purchase a home in 2008 and received the First-Time Home Buyers credit? ☐ YES ☐ NO
6- You were a student, had education expenses, or made student loan payment? ☐ YES ☐ NO

If there is a refund, would you like it deposited into your bank account? ☐ YES ☐ NO ☐ Checking ☐ Saving
Name of Bank _____________________________ Routing Number_______________________ Account number_____________________

CIRCLE ALL THAT APPLY

- Wage Statement – W2s
- Tips / Other Income
- 1099's
- Received Interest
- Received Dividends
- Sold Stocks or Bonds
- Pension or Retirement Income
- IRAs
- Received Unemployment
- Social Security Income
- Alimony (paid or received)

- Buy or sell home
- Own Rental Property
- Sold a business asset
- Farm Income
- Lottery or Gambling Winnings
- Cancellation of Debt
- Moving Expenses
- Paid qualified educations expense
- Paid qualified education expense
- Received homebuyers in 2008

- Medical Expense
- Mortgage Interest
- Mortgage Points (i.e., closing point)
- Paid real state taxes
- Property Tax
- Charity or Religious Contributions
- Significant Loss or Theft
- Tax Preparation Expense
- Tax Preparation Expenses
- Job Related Expenses or Training
- Used personal vehicle for work

CHILD CARE INFORMATION

(Note: This information is required for each provider. Use the back of this sheet if more space is needed.)

Provider's Name: ____ Provider's SSN/EIN: ______________________
Provider's Address: ______________________________________ Amount paid to Provider: $ _______________

I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I SUPPLIED ABOVE

Taxpayer's Signature: ____ Date: _______________________

Spouse's Signature: ____ Date: _______________________

Office Privacy Policy

We know that the privacy of your personal and tax return information is important to you. We are committed to safeguarding the privacy of your information and want you to know the protective measures we take.

Non-Public Information We Collect

In order to prepare and process your tax return, we collect certain non-public information from you. In particular, we collect the following kinds of information:

Personal information you submit to us such as your name, address, social security number, phone number, and information about your family and dependents.

Financial information we receive from you or a third party such as your earnings, employment, tax withholding, interest income, and potentially deductible expenses such as mortgage interest paid.

In the event you apply for a financial product, we may receive information from you, the Internal Revenue Service, the financial product providers, and credit reporting agencies regarding items such as your credit history and financial product status.

In the event that you pay with a credit card, we collect your credit card number, type and expiration date, and the name, address and phone number of the credit card holder.

Information Security

We maintain physical, electronic and procedural security measures that comply with applicable legal and regulatory standards to safeguard your non-public personal information. Access to such information is restricted to those employees who are trained in the proper handling of client information and have a legitimate business need to access that information.

Information We Disclose

Affiliated and non-affiliated third parties may be given access to your information only as permitted by law or upon your express authorization to process the transactions which you have engaged us to perform. For example, we send tax return information to the Internal Revenue Service and, as appropriate, state and local taxing authorities. We may submit your information to a data processing company under contract with us to electronically process and transmit your information to the Internal Revenue Service or other taxing authority. Central Tax Service may receive your personal information as part of the preparation and processing of your tax return. If you apply for a financial product, your information will be shared with the financial product provider upon your express authorization and the financial product provider's use of that information will be covered by the financial product provider's privacy policy. If you give us your written consent, your information may be shared with a debit card company so they can consider whether to allow us to offer to you a debit card onto which you may receive your refund. If you pay by credit card, your credit card information will be shared with the credit card processing company and subject to their privacy policy. If you have given us written consent at the time that we prepared your tax return, we may solicit you for other products or services which we may offer.

Our Commitment

This Office Privacy Policy effective date is December 2026. Because privacy is important, we pledge to work with you to protect and safeguard the security of your personal customer information.

Consent to Use of Tax Return Information

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you sign this form and check one or more of the boxes below, you authorize Central Tax Services, to use the specified tax return information for the designated purposes.

I authorize Central Tax Services to use of any and all tax return information contained in my tax return necessary to:

Please check each consent you authorize:	
	determine my eligibility for, inform me about, offer me, internally report on, or research additional ways to pay my tax preparation fees, including Refund Transfers.
	determine my eligibility for, inform me about, offer me, internally report on, or research lines of credit and loans, including a Easy Advance

I authorize Central Tax Services to use any and all tax return information (excluding all Social Security numbers and my dependent's personally identifiable information) contained in my federal income tax returns (Forms 1040, 1040NR, etc. and supporting schedules) for the purpose of mailing, including electronic transmission, to me information pertaining to:

	make personalized recommendations and offerings about tax and non-tax products.
	send me timely reminders and alerts based on my situation.
	develop new products and services that may benefit me.
	offer personalized information based on my tax and financial situation
	connect with me, after today, should a tax law change that I should know about.

This consent will be valid for a period of three years beginning on January 1, 2026 and expire on December 31, 2029. Alternative expiration date requested if not December 31, 2029: ______________________.

By completing and signing below, I authorize Central Tax Service to use my tax return as indicated.

Printed Name of Taxpayer: ___________________________________

Taxpayer Signature: ____________________________________ Date: ____________

Printed Name of Joint Taxpayer: _______________________________

Joint Taxpayer Signature: ________________________________ Date: ___________

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Consent to Disclosure of Tax Return Information

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you sign this form and check one or more of the boxes below, you authorize Central Tax Services, to use the specified tax return information for the designated purposes.

I authorize Central Tax Services to use of any and all tax return information contained in my tax return necessary to:

Please check each disclosure you authorize:	
	Republic Bank, Member FDIC: to offer, process my application for, report on, and if approved, provide and service my Refund Transfer (“RT”).
	Republic Bank: to process my application for, report on, and if approved, provide and service my Easy Advance.

You may request a more limited disclosure of tax return information; however, you must authorize us to disclose all the information required by those recipients to process your application for these respective products or services.

This consent will be valid for a period of three years beginning on January 1, 2026 and expire on December 31, 2029. Alternative expiration date requested if not December 31, 2029: ___________________

By completing and signing below, I authorize Central Tax Service to disclose my tax return as indicated.

Printed Name of Taxpayer: ___________________________________

Taxpayer Signature: ____________________________________ Date: ____________

Printed Name of Joint Taxpayer: _______________________________

Joint Taxpayer Signature: ________________________________ Date: ___________

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.