

FAX US THE FOLLOWING ITEMS:

REQUIRED ITEMS

- FORM A- Fax Header page
- FORM D- Disclosure Authorization
- FORM 1- Taxpayer Information
- FORM 2- Dependent Information
- FORM 3X- Supplemental Income & Expense
- Non-expired PHOTO ID (Taxpayer & Spouse) [New Clients]
- Social Security Cards (For everyone listed) [New Clients]
- W-2's / 1099's / Other tax forms

Step 1



Step 2



**WE'LL FAX OR EMAIL YOU A SUMMARY OF YOUR TAX RETURN.
PLEASE ALLOW 24 Hours or 48 Hours during peak filing dates.**

We CAN'T file UNTIL Step 3 is DONE!

Step 3



**The Taxpayer (and Spouse if a joint return) must sign ALL the pages. You
MUST FAX BACK ALL THE SIGNATURE PAGES for us to file!**

**PLEASE KEEP THE ORIGINAL W-2's and SIGNATURE DOCUMENTS IN YOUR
FILE!**

BRING US THE FOLLOWING ITEMS:

REQUIRED ITEMS

Step 1

- FORM D- Disclosure Authorization
- FORM 1- Taxpayer Information (OR the Prior Client Mailer)
- FORM 2- Dependent Information
- FORM 3- Supplemental Income & Expense
- Non-expired PHOTO ID (Taxpayer & Spouse)
- Social Security Cards (For all new persons on the return)
- All your W-2's, 1099's, 1098's, etc.

Step 2

MAKE YOUR APPOINTMENT ONLINE at
<http://wealthbuilder.genbook.com>
OR CALL US at 713-473-3863.

Step 3

We'll handle all the rest at your meeting.

Fax To Estimate Line:
(281) 598-2107
Don't use our old fax numbers!

Overnight or
US Mail Address:
**9525 Katy Freeway
Suite 101
Houston TX 77024**

1

Sender's Name _____

Your Voice # _____ Ext: _____

Your Fax # _____

Do we need to call before sending a fax? _____

2 How many unique W-2's are you sending?

How many unique 1099's are you sending?

Other Items we should look for: _____

Service Options

3 **RAL** - I want to apply for a Refund Loan if I am eligible. This is the most expensive option, but I may get a loan in as fast as one day. All denied Refund Loans will automatically be switched to RT's (Refund Transfers) with the appropriate reduction in fees. NOT AVAILABLE IN CERTAIN STATES (NC, WI).

RT - Please submit this return for funding by Electronic Refund Transfer (7 to 17 days in most cases). I Do NOT want a Refund Loan even if eligible. Fees for services will automatically be deducted from my refund.

EF - Please just prepare and electronically file this return. I understand that since the fee cannot be deducted from the refund, PREPAYMENT for service is required. (V / MC / AX / D / Check). **[DEFAULT CHOICE]**

4

Please prepare my STATE tax returns (We prepare all that are required)

Please DON'T prepare my STATE tax returns.

5 **If you FILED A TAX RETURN last year:**

I filed my return with a professional preparer and I got a Refund Loan or a Refund Transfer Check

I filed with a preparer, but I either had my refund mailed to me or I got a Direct Deposit

I filed my return by mail or using my own Personal Computer

I filed my return, but I had a balance due (no refund expected).

I filed, but SOME (or ALL) of my refund was seized by the IRS.

If you DID NOT FILE a Tax Return last year:

I Didn't Work

I couldn't afford to pay the tax due

IRS would have taken my refund anyway

Forgot to File

Out of the Country

Other Reason _____

Note: This information is NOT reported to the IRS.

6 **Questionnaire for REFUND LOAN or ELECTRONIC REFUND CHECK**

TAXPAYER		SPOUSE		
Yes	No	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 The IRS or some other federal agency has notified me that they will take my refund to pay past due debts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 I am currently on a payment plan for taxes owed previously OR I still owe taxes from a prior year.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 I am NOT 3 months late or more or in default on any Student Loan or Government Sponsored Loan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 I have been more than 3 months late on a Student or Government loan at some time in the last 5 years.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 As of October of last year, I was behind in making payments on a Student Loan or Government loan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 In the past 6 months I HAVE NOT been delinquent in Child Support or Family Obligation payments.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. I have filed for bankruptcy in the past 7 years? Chapter? _____ Date of discharge _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. THE IRS disallowed my refund claim for the EARNED INCOME CREDIT (EITC) sometime in the past 5 years.

1. Personal Information

Taxpayer's First Name		M.I.	Last Name as it appears on SSN Card		Jr/Sr/etc.	Social Security Number or ITIN	
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Spouse's First Name		M.I.	Last Name as it appears on SSN Card		Jr/Sr/etc.	Social Security Number or ITIN	
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Address (No P.O. Boxes except Rural addresses)					APT or LOT#		
<input type="text"/>					<input type="text"/>		
ZIP Code		City			State		
<input type="text"/>		<input type="text"/>			<input type="text"/>		
E-Mail Address					OK to send return via E-Mail?		
<input type="text"/>					YES <input type="checkbox"/> NO <input type="checkbox"/>		
Telephone	Primary Taxpayer		Spouse				
HOME	<input type="text"/>		<input type="text"/>				
WORK	<input type="text"/>		<input type="text"/>				
CELL	<input type="text"/>		<input type="text"/>				
Birthdate	<input type="text"/>		<input type="text"/>				
Occupation	<input type="text"/>		<input type="text"/>				

FOR TAX OFFICE USE ONLY:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CLIENT Code

Forms Scanned:

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2. Information for a Business that YOU OWN

Business Name #1		Owned By: Taxpayer		Spouse	
<input type="text"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Tax ID		State Charter #		Sales Tax ID#	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Business Address					
<input type="text"/>					
City		State		ZIP	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Business Phone					
<input type="text"/>					
Type of Business / Industry					
<input type="text"/>					

3. Fax Authorization

By marking the box at the left, I authorize WBTax and/or the Tax Preparer to fax my tax return or other information to me. I understand that when using a fax, WBTax cannot guarantee the privacy or delivery of the fax to a specific person. I hold WBTax harmless when receiving a fax of my/our personal information.

4. Certification and Authorization

1. WBTax, the Tax Preparer, and/or the ERO (Preparer) shall NOT be responsible for the refusal, failure, or delay in transmitting my tax return information.
2. If I have applied for a Refund Loan or a Refund Check, and if no refund is sent to the ERO, then I agree to pay the Preparer immediately for services rendered. Late payment subject to 1.5% per month interest.
3. Returned checks subject to \$30 handling fee and Automatic Redeposit using electronic or other means with the \$30 service charge added.
4. Any payment by check may be submitted electronically to the bank and the original document will not be returned.
5. I have given to the Preparer all required documents and the Preparer shall not be responsible for documents not given to them at the time the return is filed.
6. All documents given to Preparer are true and complete. I understand that by giving the Preparer fraudulent materials that I will be subject to civil & criminal penalties!
7. If for any reason I decide to cancel my service with the Preparer, the preparer may charge a reasonable handling fee, up to the full charge for services completed.
8. I understand that, as the client, I am ultimately responsible for the content of my tax return. The Preparer will reasonably rely upon the client's representation of facts.
9. I understand that the Preparer cannot be held liable for any inaccuracies, errors, or omissions not initiated by the Preparer. In no event shall the Preparer be liable for any damages other than the amount paid by the Client.
10. My tax return(s) are subject to examination by the taxing authorities. In the event of an audit, I will be required to substantiate my claims. The fee for preparing a tax return does not include representation of the client in an examination (audit).
11. The Preparer has NO control over your tax refund after submission to the tax agencies.
12. I hereby waive my right to see my final tax return prior to electronic filing on the express condition that the IRS Form 8879 that I signed is true and accurately reflects the information of my tax return within the IRS limits. I understand I WILL receive a copy of the return once payment has been made.

Taxpayer's Date

Spouse's Date
Signature

IMPORTANT: The Preparer will NOT guarantee any tax refund or delivery date of funds under any circumstance.

Dependent & Filing Status INFORMATION

Taxpayer's Name

1. Dependents

Do not list a spouse on this page. Use FORM 1 instead.
A person not related by blood or marriage (i.e. fiancé or live-in friend) should have a Relationship of "None"

DEPENDENTS	Birthdate	SSN or Tax ID	Relationship to Taxpayer or Spouse <small>*See next section if Fosterchild</small>	Number of months this person lived with taxpayer Last year (0 to 12)	Dependent's total income last year	Did this person live with another taxpayer for part or all of last year?	NEW/Dependent This Year	FT Student Age 19 - 22	Permanently Disabled	Had Child Care Exp.	Resident of CAN or MEX	NOT a US Citizen SOMEONE ELSE may try to claim this child
First & Last Name On Social Security Card												

Please list ALL OTHER persons living in your household here that are NOT Dependents.

Name	Parent	Friend	Unrelated Person	Child claimed by another taxpayer	Household Employee	If Fosterchild, indicate if this is a Brother/Sister or Nephew/Niece	Did a Government Agency place this child as a Foster Child?	Number of months this person lived with you and/or spouse LAST YEAR (0 - 12)	Did this person earn over \$3500 last year?

2. Filing Status Questions

- Please mark one
- I was MARRIED as of the last day of last year and I am filing a JOINT return. SKIP Section 3
 - I was NOT Married as of the last day of last year (Neither legal marriage nor common law marriage) GO TO Section 3
 - I am MARRIED and I do NOT want to file a joint return.
I WANT TO FILE SEPARATELY BECAUSE:
 - The IRS will seize my refund
 - The IRS will seize my spouse's refund
 - I think I get a bigger refund without my spouse
 - I can't find my spouse
 - My spouse has no SSN
 - Other (specify) _____

3. Additional Filing Status Questions (Skip if filing a Joint return)

1. Can a parent or other person not on this return claim the Taxpayer as a dependent?	<input type="radio"/> Yes	<input type="radio"/> No
2. Did the Taxpayer live at the above address for MORE than half of last year?	<input type="radio"/>	<input type="radio"/>
3. Did the Taxpayer live with someone NOT listed on this tax return for MORE than half of last year?	<input type="radio"/>	<input type="radio"/>
4. Was the Taxpayer a Full-Time Student for any 5 months last year?	<input type="radio"/>	<input type="radio"/>
5. Was the Taxpayer legally married as of December 31 of last year?	<input type="radio"/>	<input type="radio"/>
6. Were you considered married under Common Law in your state as of December 31?	<input type="radio"/>	<input type="radio"/>
7. Did you live with your spouse at any time between Jan 1 and June 30 last year?	<input type="radio"/>	<input type="radio"/>
8. Did you live with your spouse at any time between July 1 and Dec. 31 last year?	<input type="radio"/>	<input type="radio"/>
9. Were you ever married?	<input type="radio"/>	<input type="radio"/>
10. Did you get a court-decreed divorce or annulment last year?	<input type="radio"/>	<input type="radio"/>
11. Did you get a divorce or annulment in a prior year and not remarry since?	<input type="radio"/>	<input type="radio"/>
12. Does your spouse live in Mexico or Canada full-time?	<input type="radio"/>	<input type="radio"/>
13. Did your spouse die in the past 3 years? If so, what year? _____	<input type="radio"/>	<input type="radio"/>

**Supplemental
INCOME & EXPENSE
INFORMATION**

Taxpayer's Name

SOURCES OF INCOME

Check the boxes if you or your spouse received income from that source.

Wages from Jobs	<input type="checkbox"/>	Gambling or Lottery	<input type="checkbox"/>
Military or Reserves Pay	<input type="checkbox"/>	Beneficiary of Trust or Estate	<input type="checkbox"/>
Active Duty Combat Pay	<input type="checkbox"/>	S-Corporation Income	<input type="checkbox"/>
Interest	<input type="checkbox"/>	Partnership Income	<input type="checkbox"/>
Dividends	<input type="checkbox"/>	1099-MISC or sole proprietor	<input type="checkbox"/>
Refund of State Tax	<input type="checkbox"/>	Unemployment	<input type="checkbox"/>
Alimony Received	<input type="checkbox"/>	Social Security Benefits	<input type="checkbox"/>
Sale of Stocks or Bonds	<input type="checkbox"/>	Income in Child's name	<input type="checkbox"/>
Retirement Funds Received	<input type="checkbox"/>	Inheritance received	<input type="checkbox"/>
Retirement Funds Rollover	<input type="checkbox"/>	1099-A or Cancellation of Debt	<input type="checkbox"/>
Income from Rental Property	<input type="checkbox"/>	Lawsuit settlement	<input type="checkbox"/>
Royalties	<input type="checkbox"/>	Other Income:	<input type="checkbox"/>
Farm Income or Loss	<input type="checkbox"/>		<input type="checkbox"/>
Tips	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Received Stock Options	<input type="checkbox"/>

CERTAIN EXPENSES

Check the boxes if you or your spouse had these expenses or items. We'll get amounts later.

Health Savings (HSA or MSA)	<input type="checkbox"/>
Adopted a child	<input type="checkbox"/>
Have a Mortgage Interest Credit	<input type="checkbox"/>
Lost a home in foreclosure	<input type="checkbox"/>
Disaster Loss	<input type="checkbox"/>
Theft Loss	<input type="checkbox"/>
Penalty on Early Withdrawal	<input type="checkbox"/>
Surrender Penalty on Annuity	<input type="checkbox"/>
Did NOT get a Stimulus Check in 2008	<input type="checkbox"/>
Have Foreign Bank or Investment Account	<input type="checkbox"/>
	<input type="checkbox"/>
Bought Hybrid or Electric Car	<input type="checkbox"/>

RETIREMENT CONTRIBUTIONS

If you made or plan on making any contributions to a retirement plan for this tax year, please indicate here. DO NOT INCLUDE 401k or 403b contributions or any other contribution or pension plan deducted from your paycheck.

	Amount	Trad IRA	Roth IRA	SEP	Other/Don't Know
Taxpayer	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION CREDITS & STUDENT LOANS

STUDENT'S NAME	TUITION Paid Last Year (only College)	INTEREST Paid on Student Loans	In a Degree Program?		Month & Year Started College	Courses Taken for Job Skills Job Skill Improvement		Enrollment Level	
			Yes	No		Yes	No	FullTime	PartTime

EDUCATOR'S EXPENSES

If you were a full-time teacher, indicate amount personally spent on student materials:

Taxpayer	Spouse
<input type="text"/>	<input type="text"/>

CHILD & DEPENDENT CARE

DEPENDENT'S NAME	AMOUNT PAID for Dependent Care	Name of Provider	TAX ID or SSN (REQUIRED)	Address of Provider	City/State/ZIP

HOMEBUYER CREDIT

Purchase Price _____

Did you purchase a home last year? _____ Purchase Date _____

Did either the Taxpayer or Spouse own a home in the past 3 years? _____

OTHER DEDUCTIONS

AMOUNTS

Medical Expenses	<input type="text"/>
Personal Property Taxes	<input type="text"/>
Real Estate Taxes	<input type="text"/>
Mortgage Interest	<input type="text"/>
Cash/Check Charity Contribution	<input type="text"/>
Non-cash Charity Contributions	<input type="text"/>
Tax Preparation paid last year	<input type="text"/>
Casualty or Theft Losses	<input type="text"/>

Unreimbursed Employee Expenses

Uniform & WorkShoes	<input type="text"/>
Tools & Equipment	<input type="text"/>
Reference Material	<input type="text"/>
Dues & Organizations	<input type="text"/>
Subscriptions	<input type="text"/>
Meals & Entertainment	<input type="text"/>
Travel	<input type="text"/>
OTHER (describe below)	<input type="text"/>

UNREIMBURSED BUSINESS MILEAGE ONLY

vehicle #1 vehicle #2

	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

If you used more than 1 vehicle, write info below

SALES TAX

If you bought a vehicle last year, indicate sales tax paid.

States TAXPAYER INFORMATION

Taxpayer's Name

This form is not required if all of your income is from AK - TX - NH - NV - TN - WY - SD - WA

FORM 4

A. I was a resident of _____ on Dec. 31, last year
STATE
B. I was a resident of the above state [] ALL YEAR [] PART YEAR

PLEASE INDICATE IF YOU LIVED OR WORKED IN ANOTHER STATE LAST YEAR:

Table with columns: STATE, DATE MOVED TO STATE, DATE MOVED FROM STATE, Worked, but did not live in state

Are you a Native American? YES NO
Did you live or work on an Indian Reservation? YES NO
If YES, What amount of your income was earned on the Reservation? \$
Total Paid last year for College tuition \$
Total Paid for college textbooks & materials \$
Total Paid for K-12 tuition \$
Total Paid for K-12 textbooks and fees \$
Total value of items purchased by mail order that you did not pay sales tax on \$
Value of Stocks & Bonds and Mutual Funds \$
Value of other Intangible Assets incl. Trusts \$
Total contributions to an Education Savings Plan (529 Plan) or other state pre-paid tuition plan? \$
Total number of children this covers

Residents of AR- AZ- CA- CO- CT- DC- HI - IL- IN- MA- MI- MN- MO- NJ- NM- NY- OK- RI- VA- VT- WI

- [] OWN your own home
[] RENT your home or pay Land Rent for Mobile home
[] LIVE with friend or family member

Amount of Worker's Comp payments you received \$
Amount of SSI payments you received \$
Amount of Welfare benefits you received, including AFDC \$

If you RENT your home (or mobile home lot) complete this section.

If you were a RENTER, total rent paid last year \$
Number of months you were a RENTER?
Address where rented (as of Dec. 31)
Landlord's name & complete address
Property Tax Paid BY LANDLORD as part of your rent \$
Did your rent include HEAT? YES NO
Did your rent include ELECTRICITY? YES NO
Did your rent include MEALS? YES NO
Was any part of your home used for business? YES NO
Amount on Line 13a of WISCONSIN Rent Certificate \$

If you OWN your home and lived in one of the above states, complete this section.

If you own your home, is it part of a farm or is it on more than 1 acre... YES NO
Property Tax Paid BY YOU last year on your homestead \$
Number of months you occupied your own home last year

NOTE: We cannot file or prepare any local or city tax returns. We will electronically file your state return with your federal return unless we are not able to do so. If we cannot e-file your state return, it will be mailed to you with instructions on how to file.

**Consent to Disclosure of
Tax Return Information**

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information to third parties for purposes other than preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time you specify. If you do not specify the duration of your consent, your consent is valid for one year.

For your convenience, WBTax, LLC (WBTax) and d/b/a CashCownting.com has entered into agreements with certain outside firms to offer you services and products that you may be interested in. This includes banks that offer Refund Anticipation Loans or Refund Transfer services (collectively "refund products"), such as Santa Barbara Bank & Trust. To determine whether a bank product may be available to you, we will need to use information from your tax return to calculate the amount of your refund and your eligibility.

WBTax may also enter into agreements with other financial providers regarding Individual Retirement Arrangements (IRAs) and other retirement products and financial services that may be of interest to you. Your tax return information will be necessary to determine your eligibility and appropriate products.

WBTax may also work with a mortgage lender or other lender who may require information or copies of your tax return(s). In order for us to produce your information to the lender, we must have your written authorization in order to fulfill your lender request.

By signing below, you (including each of you if you are married) authorize WBTax to use the information provided to us during the preparation of your 20__ tax return to determine whether to present you with the opportunity to make any investment, to apply for a refund product, or to provide requested information to an outside lender.

Signature of Primary Taxpayer date

Signature of Joint Taxpayer date

Printed name of Primary Taxpayer

Printed name of Joint Taxpayer

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.