

Information Sheet

Superior Fast Tax

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Tax Year: _____ Preparer: _____ Refund Estimate: _____ State Estimate: _____

FILING STATUS: ☐ Single ☐ MFJ ☐ MFS ☐ HOH ☐ Widow(er)

	Full Name First - MI - Last	Social Security #	Date of Birth	Occupation
TAXPAYER				
SPOUSE				

Home Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Email: _____

Direct Deposit: Bank Name: _____ ☐ Checking ☐ Savings ☐
Routing#: _____ Account#: _____

Dependent(s) Full Name First/Last	Social Security #	Date of Birth	Months in Home	Relationship

Any dependents in daycare? ☐ Yes ☐ No ☐ Daycare Name: _____

Address: _____ EIN/SS#: _____

How much child care expenses did you pay? \$ _____ Dependent Name: _____

Any family members in college during this tax year? ☐ Yes ☐ No ☐ Who? _____

How much education expenses did you pay out of your pocket? \$ _____

Did you file a return last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DL# -	_____
Do you owe back taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State -	_____
Do you owe defaulted student loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Issued -	_____
Do you owe back child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expires -	_____

Following received: ☐ W-2(s) ☐ 1099(s) ☐ 1098 ☐ Self Employment ☐ SS Benefits

Unemployment received? ☐ Yes ☐ No ☐ Amount? _____ State: _____

I agree that all information provided on this form is true and accurate to my knowledge. I give the ERO permission to request information from the Federal Treasury offset program. I understand that if my RAL or PERC is denied I will be responsible for paying the preparation fee.

Taxpayer Signature

Spouse Signature

Date