

# B.O.S.S. TAXES INFORMATION PROFILE

**FAX TO: 888-392-1787 OR UPLOAD TO: [support.bosstaxes.com](https://support.bosstaxes.com)**

Select the Tax Year: 2020 2019 2018 2017 2016 2015 2014 2013 2012

## CLIENT INFORMATION (Please answer each question in its entirety)

Today's Date \_\_\_\_\_ Tax Year \_\_\_\_\_ Referred by \_\_\_\_\_

PRIMARY TAXPAYER FULL NAME (as displayed on Social Security Card)

If Name changed in tax year, please List Former Full Name

PRIMARY TAXPAYER Social Security Number

Date of Birth

Occupation (not place of Employment)

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Currently serving in the military? Yes \_\_\_\_ No \_\_\_\_ Do you want \$3 to go to the Presidential Campaign? Yes \_\_\_\_ No \_\_\_\_

SPOUSE FULL NAME (as displayed on Social Security Card)

If Name changed in tax year, please List Former Full Name

SPOUSE Social Security Number

Date of Birth

Occupation (not place of Employment)

Currently serving in the military? Yes \_\_\_\_ No \_\_\_\_ Do you want \$3 to go to the Presidential Campaign? Yes \_\_\_\_ No \_\_\_\_

### IDENTIFICATION VERIFICATION

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

FILING STATUS: Single \_\_\_\_; Married, filing jointly \_\_\_\_; Married, separately \_\_\_\_; Head of Household \_\_\_\_; Widow(er) \_\_\_\_ Yr of Sp Death \_\_\_\_

If Separated, Date of Separation

If Separated, Spouse SSN

HOME STREET ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS (If different)

CITY

STATE

ZIP CODE

Email Address

Home No.

May we add your email address for updates: Yes \_\_\_\_ No \_\_\_\_

Cell No.

### DEPENDENT INFORMATION

Dependent's Full Name	Relationship	Date of Birth	SSN	Months in Home	Fulltime Student?	Disabled?

Please check all that apply:

Live in any other states? \_\_\_\_

Receive a state tax refund? \_\_\_\_

Own rental property? \_\_\_\_

Work in any other states? \_\_\_\_

Have a Home Mortgage? \_\_\_\_

Receive royalties? \_\_\_\_

Receive ALL W-2s and/ or 1099s from ALL sources? \_\_\_\_

Have Medical Expenses? \_\_\_\_

Operate a farm? \_\_\_\_

Receive unemployment compensation? \_\_\_\_

Gave to charity or church? \_\_\_\_

Have income as a minister? \_\_\_\_

Pay alimony? \_\_\_\_

Receive retirement disbursement? \_\_\_\_

Healthcare insurance all year? \_\_\_\_

Pay daycare expenses? \_\_\_\_

Have a business or self-employed? \_\_\_\_

Earn virtual currency? \_\_\_\_

Pay interest on student loans? \_\_\_\_

Use a portion of home for business? \_\_\_\_

(Bitcoin, Daytrading stocks/forex)

Please enter the amount of the Economic Impact Payments received: 1st payment \_\_\_\_\_ 2nd payment \_\_\_\_\_

*If I am due a refund, I would like to have my fees taken out of my refund instead of having an out of pocket expense. I declare that all statements and documents provided are true and accurate. I have provided this information of my own free will.*

Primary Taxpayer's Signature & Date

Tax Preparer's Signature & Date

## B.O.S.S. TAXES - HEALTHCARE INFORMATION

**FAX TO: 888-392-1787 OR UPLOAD TO: SUPPORT.BOSSTAXES.COM**

**HEALTHCARE TAX INFORMATION - Please Attach for 1095 A, B, or C if you had insurance at any time during the year.**

Did you have healthcare coverage for the entire tax year?

If yes, select the coverage type: Company Insurance Individual Insurance Marketplace Medicaid Medicare

**If no, select the months you were NOT covered: Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec**

Circle the medical form received: 1095-A 1095-B 1095-C

Did your family have healthcare coverage for the entire tax year?

If yes, was this through: Company Insurance Individual Insurance Marketplace Medicaid Medicare (circle one)

If no, list the names and months you were NOT covered:

### MARKETPLACE INFORMATION:

If you or your family signed up and are active users of The Affordable Care Act and obtained your insurance coverage through the Marketplace, you should have a form: 1095A. Did you receive that form? Yes No

**If you did not receive this form, you must contact your Marketplace Provider. We cannot complete your tax returns without this document.**

### EXEMPTIONS OR NO COVERAGE:

Were you exempt from obtaining Healthcare Coverage?

Yes No

If yes, please indicate your exemption certificate number: \_\_\_\_\_

If no, you may be responsible for lack of coverage on the months detailed above.

I, \_\_\_\_\_, take full responsibility for the information provided for my tax household's healthcare coverage. I understand that any false documentation or indication can result in submitting a fraudulent tax return that will have legal ramifications and responsibilities issued by the governing agencies and the IRS against me.

\_\_\_\_\_  
Primary Tax Payer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tax Payer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tax Preparer's Signature

\_\_\_\_\_  
Date

HOME BASED BUSINESS DEDUCTIONS & EXPENSES

BUSINESS NAME

BUSINESS EIN

BUSINESS ADDRESS

TYPE OF BUSINESS

DATE BUSINESS STARTED

GROSS EARNINGS

PAID WAGES

ENTITY TYPE

LLC-SOLE

C-CORP

(CIRCLE ONE)

S-CORP

NON-PROFIT

S-Corp, C-Corp, Non-Profit must complete a Corporate

Tax Return.

EXPENSES

RENT

INSURANCE

CAR & TRUCK

CAR MAKE & MODEL

ADVERTISING

WEBSITE

INTERNET

LICENSES

PROFESSIONAL FEES

BUSINESS PHONE

UTILITIES

OFFICE & SUPPLIES

TRAVEL & MEALS

MILEAGE

REPAIRS

INSURANCE

DATE PLACED IN SERVICE

ADDITIONAL EXPENSES SPECIFIC TO YOUR TYPE OF BUSINESS

EXPENSES

TOTAL AMOUNT

Please note that all listed expenses for a sole proprietorship are the taxpayer's responsibility to validate with the IRS. Certain documents and claims may be asked for in order for B.O.S.S. Taxes to complete the Schedule C portion of your tax return. In the case of an audit, the IRS will request that you provide them proof of expenses that are being claimed. Please be sure that you keep all of your receipts, mileage and gas logs, and all documentation related to the expenses that you are claiming. If you have paid out wages, you may have to provide a 1099 to wages paid to contracted workers. If you have any questions, please do not hesitant to let us know.

BLANK FORMS CANNOT BE SUBMITTED AND WILL BE RETURNED FOR COMPLETION.

I certify that the information provided are my documented expenses and all the information provided is truthful and my responsibility to provide its accuracy to the IRS.

Tax Payer's Signature

Date

Tax Payer's Signature

Date

# **B.O.S.S. TAXES**

## **IRS Direct Deposit Information**

Personal Checking \_\_\_ Personal Savings \_\_\_ Business Checking \_\_\_ Business Savings \_\_\_

Name (as shown on Bank Account) \_\_\_\_\_

Billing Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

### ***Payment Authorization***

\_\_\_\_\$250 for Basic Return      \_\_\_\_\$350 Basic Return w/Schedule C (LLC-Sole or Homebased business)

I authorize MY Enterprises d/b/a B.O.S.S. Taxes and its subsidiaries, to charge the above payment upon deposit of either my Federal or State tax returns to my Checking or Savings account as a one-time charge (whichever deposits first). If my tax refunds are withheld, it is agreed that the preparation fees will be deducted within three (3) business days of the original anticipated date of deposit. I further understand that should my payment be returned or declined, I will be charged an additional \$40.00, which will be deducted via ACH within three (3) business days of the bank's notice. No additional correspondences are required for the ACH debits to occur. I understand and agree to the tax preparation fees and foregoing terms. I am aware that MY Enterprises d/b/a B.O.S.S. Taxes and its subsidiaries DO NOT provide free estimates. If I elect to have my returns completed with another tax agency after completion of the tax preparation, the fee will be deducted via ACH immediately upon refusal of service(s). If tax preparation results in a tax liability, the preparation fee will be deducted via ACH prior to filing.

\_\_\_\_\_  
Taxpayer Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

\*Tax returns and amendments prepared after the current tax year, are payable prior to filing.