

			d of Household <sup>2</sup> O Married Filing Separate
In year 2023 only:	Married (date:)	Divorced (date:	5)
	☐ Taxpayer Death (date:	)	th (date:)
	TAXPAYER		SPOUSE
Name		Name	t Mathire Lovella Christian
Occupation	2 1 1 1 1 1	Occupation	. 11 1994 Hyrat (ESSV) II. (1995) 14
SSN	Date of Birth	SSN	Date of Birth
Home Phone	Disabled	Home Phone	Disabled
Work Phone	Blind	Work Phone	Blind 🗆
Cell Phone		Cell Phone	
Best Time to Call	MARIE TO HE BOS STEEL TO THE SECRET	Best Time to Call	
Fax	and a contract of the contract	Fax	The number of the CM Own
A STATE OF THE STA		Email	
Address			County
City	Carlo Characa da Parachelle un colo a morre affe		Zip Code
Address on Last Year	's Tax Return (if different)	And the York of the state of th	Date Address Changed
home for the entire	d you paid over half the cost of maintain year.	ning your home, which was y the tax year, and maintain a h child or relative). You may b	ed to file jointly; you did not remarry before our dependent child's (or stepchild's) main nome that for more than half of the tax year
not live in your hom not need to live with	e during the last six months of the tax y you to qualify.	ear. If you are maintaining t	he household of a parent, the parent does
not live in your hom not need to live with	nal Income Tax Org	year. If you are maintaining to	ne household of a parent, the parent does
not live in your hom not need to live with	all Forms W-2 (wages), 1095, 1099-B for sale of securities; 109	Janizer and Do  198, and 1099 (such as 109  199-R for annuities, pensions.	eduction Finder  9-INT for interest; 1099-DIV for dividends. IRA or other retirement plan withdrawals:
not live in your hom not need to live with	all Forms W-2 (wages), 1095, 1099-B for state tax refunds, une for social security; 1099-K for m	Janizer and Do  1998, and 1099 (such as 109) 1999-R for annuities, pensions, imployment compensation, eerchant card and third-party	he household of a parent, the parent does

ments to make your tax appointment. You can provide them at a later date.)

☐ If you are a new client, provide copies of tax returns for the last three years. Note: When completing your organizer, round all amounts to the nearest dollar. For married couples, questions referring to "you"

☐ If you sold real estate, stock, or mutual fund shares during the year, see STEP 4.

☐ If you acquired, sold, or refinanced a home or other property in 2023, provide a copy of the closing statement.

needed in addition to your completed

organizer:

generally mean you or your spouse.

STEF	The following items may affect your tax return. Please answer carefully.
These questi	ons pertain to calendar year 2023 unless otherwise noted.
1) Y O N O	Did you pay or receive alimony (Tax Tip 1)? Do not include child support. (Select one.) Pay O Receive O
	To/From: Name Social Security Number Amount \$
	Date of original divorce or separation agreement:
2)YONO	At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?
3) Y O N O	Did you receive an advance premium for health insurance purchased through a Health Insurance Marketplace (Exchange)? If yes, attach Form 1095-A.
4) Y O N O	Did you (or do you plan to before April 15, 2024) contribute to a traditional IRA or Roth IRA for 2023? (Tax Tip 2)
	Self: Traditional IRA \$ Roth IRA \$ Roth IRA \$ Roth IRA \$
5) YO NO	Did you convert a traditional IRA or roll a qualified plan distribution to a Roth IRA in 2023?  If yes, amount converted/rolled over:  \$
6) YO NO	Did you (or do you plan to before April 15, 2024) contribute to a health savings account (HSA) for 2023? (Tax Tip 3) Amount of contribution: (Do not list employer contributions, including amounts you elected to contribute under a
	cafeteria plan, shown on your Form W-2.)  Self: \$ Spouse: \$ Type of health plan coverage: Self-only O Family O
7) Y O N O	
,	Amount of distributions: \$ Amount of unreimbursed qualified medical expenses (attach list): \$
ON OY(8	Are you a grade K–12 teacher?
	If yes, enter amount of out-of-pocket classroom costs you paid (Tax Tip 4):
9) Y O N O	so you could work, attend school, or look for a job? If yes, provide the amounts paid for each individual and the names, addresses, and taxpayer identification numbers of the care providers.
	Amount, if any, reimbursed by an employer dependent care plan (Tax Tip 5):
10) Y O N O	Did you pay expenses related to adopting a child? If yes, provide details of any expenses incurred (attach list).
11) Y O N O	Did you pay any individual \$2,600 or more to perform household services during the year, such as a babysitter, caretaker, housekeeper, cook, or gardener?
12)YO NO	Did you have any debts cancelled or reduced (including credit cards and student loans), property repossessed or foreclosed upon, or did you file for bankruptcy? (Tax Tip 6)
13) Y O N O	Did you have a financial interest in, or signature authority over, a financial account (such as a bank, securities, or brokerage account) located in a foreign country at any time during 2023? A financial account is located in a foreign country if it is physically located outside of the U.S., including an account maintained with a branch of a U.S. bank that is physically located outside of the U.S.
H# States	YONO If yes, did the aggregate value of all accounts located in a foreign country (other than accounts maintained on a U.S. military installation) exceed \$10,000 at any time during the year?
14) Y O N O	
15) Y O N O	Do you have financial accounts maintained by a foreign (non-U.S.) bank or financial institution that totaled more than \$50,000 on the last day of the year or more than \$75,000 at any time during the year (\$100,000 and \$150,000, respectively, if married filing a joint return)?
16) Y O N O	Did you own any other foreign financial assets (such as stock in a foreign corporation or an interest in a foreign partnership) that are not held in a financial account?
17) T 🗆 S 🗆	Do you (T) [or your spouse (S)] want to designate \$3 to the Presidential Election Campaign Fund? (Does not change amount due or refund.) Leave blank if neither wishes to designate \$3.
18) Y O N O	Do you want to allow your preparer or another individual to discuss your federal return with the IRS? Provide name, phone number, and personal identification number of individual if not preparer.
renu ulzen	Name: Phone Number: Identification Number:
19) YO NO	Have you (or your spouse) received an Identity Protection Personal Identification Number (IP PIN) from the IRS?
	If yes, enter six-digit code: Self: Spouse:
20) Y O N O	Did you make gifts to a trust or gifts totaling more than \$17,000 to any individual during the year? If so, provide recipient's name, address, relationship to you, and the amount of the gift.
21) Y O N O	Did you receive a Paycheck Protection Program Ioan for your Schedule C business?  Amount \$ Amount forgiven \$

(Continued) Check any of	the boxes	belov	w that apply to	you for 202	23:		
Purchased health insurance for yourself of 1095-A (Heath Insurance Marketplace St	or a family mem	ber thro	ugh the Health Insu	rance Marketplac	ce (Exch	ange). [	Attach Form
☐ Was granted stock options by your emplo	0.5	rcised e	mplover stock optic	ons.			
Owned any securities or held any debts				CATALOG II I I I I I I I			
☐ Contributed to or received distributions fr				ISA).			
☐ Traveled more than 100 miles from home				7	d memb	er or re	servist
Performed services in the performing arts				of some but		20, 0, 10	oor viot.
Lived or worked in a foreign country.			. Mont territor				
☐ Purchased a plug-in electric vehicle. Enter	er vehicle inform	nation ir	STEP 10.				
☐ Was in the military (or reservist).			Market Artemplantic				
☐ Was an active-duty member of the militar	v and moved pu	ırsuant	to a military order a	nd incident to a p	ermane	nt chanc	ne of station
Received any notice from the IRS or a st			a milary order a	na moladine to a p	omano	in onding	go or otation.
☐ Contributed to or received distributions fr			er Life Experience	(ABLE) account			
☐ I can be claimed as a dependent on another				(ABEE) account.			
Please provide any other informa				rted elsewhere	on this	Organia	ver.
					<i>y</i>		
STEP 9 Dominion	(T 7)	201200					
STEP 2 Dependents	(lax lip /)	(attach	additional sheet,	f necessary)		reduction.	
Children							
Age 18 or younger (age 19–23 if attending s							
lived with you more than half the year and we permanently and totally disabled child).	no did not provi	de more	than half of their o	wn support (or a			3 Unearned
Full Name			Date of Birth	SSN			estment) e > \$1,250?
1 un Name			Date of Birth	3314		IIICOIII	6 - \$1,230 :
			1,11,31,313				
740			Line.				
☐ Check if it is possible that a different taxp	ayer might clair	m a chil	d listed above as a	dependent.			
☐ Check if you are divorced and either sign	ed or received	Form 83	332 (release of exe	mption for child).	(Provide	e Form 8	3332.)
						nths	%
				Is 2023 Gross	Resid	ded in	Support
Other Dependents	B. L. W Li		Social	Income less		Home	Received
(relatives and/or members of household)	Relationship	0   3	Security Number	than \$4,700?	in 2	023	From You
					100	100	
			Terre same in the line		TOTAL	C- Bullion	
STEP 3 Income							
	Wages-P	rovid	e Forms W-2				
Niverbox of annula and (division the consult							
Number of employers (during the year):	Self:		Spouse:				
The state of the s	Dividend a	nd In	terest Income				
Provide all Forms 1099-INT, 1099-DIV, and but do not duplicate what's reported on the 1						n a sep	arate sheet,
Inst	tallment Sa	le Pa	yments Recei	ved		representation of the second	
			relative or related p	_	No O		
Total Payments \$ Interest \$			es property as a pri			naver's	. Meseleci
Control of the Contro	Nai		os property as a pri	ncipai residence,	provide	, payer s	Son Free
Principal \$ Did sale occur in 2023? Yes O No O		me dress			177	4.5	1 XST mond
If yes, complete STEP 4.	SS					la de la del	0 20265 (2.9)

STEP 3 Income (Continued)			
Retirement Plan and Social Security Income			
Did you receive distributions from IRAs, SEPs, pensions, 401(k)s, or other retirement plans (including amounts rolled over and in-plan Roth rollovers)?  If yes, provide all Forms 1099-R received. Enter amounts received but not reported on a Form 1099-R here		No O	(11
Amount of distribution rolled over to a qualified plan or traditional IRA (Tax Tip 8)      Amount of distribution rolled over to a Roth IRA	Call Desires	in the lite	
4) Amount of distribution rolled over to a Designated Roth Account			
5) Amount of distribution made directly to a qualified charity		No O	- In . I D
7) If age 73 or older on December 31, 2023, did you take the 2023 required minimum distributions from your IRAs (other than Roth IRAs) and qualified retirement plans?	Self: Spouse:	Yes O Yes O	No O No O
8) Did you recontribute any of your 2023 required minimum distributions to your IRAs and qualified retirement plans?		Yes O	No O
9) Did you receive social security or railroad retirement benefits?	Spouse: Yes O	Yes O No O	No O
Partnerships, Estates, Trusts, and S Corporatio	ns		
Provide a list of all the partnerships and S corporations in which you own an interest and all trus Indicate on the list whether you materially participated in that entity's trade or business in 2023 (Tax not engaged in a trade or business (for example, an entity whose only activity is ownership of renta such as stocks and bonds). Provide all Schedules K-1 received for the tax year. See also Tax Tip 2	x Tip 10). V al real esta	Vrite "N/A"	if the entity is
Other Income—Provide Forms 1098 and 1099	)		
Bartering Income			
STEP 4 Sales and Exchanges  Provide information about sales of stock, real estate, or other property along with Forms 1099-B, 1			
supporting information. Attach separate sheet if necessary. If all transactions, including basis, ar provide, there is no need to complete the following. If your principal residence was sold, see STEF		d on Form	s 1099-B you
Description of Property		Asse	1 (1 )

## STEP 5

Self-Employment Income (See also STEP 7, STEP 8, and STEP 9)

If more than one farm activity or business, list income and expenses separately for each. Also include any single-member limited liability companies (LLCs). See Tax Tip 20.

Business Activity/Product:				CH 1994
Business Name:				
Did you begin or end the business in 2023? Begin O End O				
Gross Receipts (provide all Forms 1099-MISC, 1099-NEC, and 1099				
Inventory—Beginning of Year				
Merchandise Purchases (less Product for Personal Use)				
Labor, Materials, and Other Costs of Inventory				- Hallander (1)
Inventory—End of Year			22	
Did you make any payments requiring Forms 1099 be filed? <sup>1,2</sup>				
If Yes, did you file Forms 1099?			Yes O No	0
<ul> <li>Virtual currency (digital asset) receipts or payments must be reported.</li> <li>Generally, payments of \$600 or more made to individuals and nor reported. Common examples are payments for non-employee common examples.</li> </ul>	corporate ent	ities in the course of rent.	of a trade or bus	siness must be
STEP 6 Rental and Royalty Income				
Physical Address (Street, City, State, Zip Code)	Type <sup>1</sup>	Rent/Royalty Received	Fair Rental Days	Personal Use Days
		\$		3 15 1
				7610
Did you make any payments requiring Forms 1099 be filed?			Yes O No C	
If Yes, did you file Forms 1099?			Yes O No C	
Were 250 or more hours spent on rental services for each rental act	ivity listed?		Yes O No C	
<sup>1</sup> 1—Single family residence; 2—Multi-family residence; 3—Vacat 7—Self-rental; 8—Other (describe).	ion/short-term	rental; 4—Commo	ercial; 5—Land	6—Royalties;
and the second s	Herr, Er, Tr	shale up richylasi	MARKEDIN	
STEP 7 Business Travel and Meal Ex	penses			
Travel expenses are deductible if you traveled away from home over deductible (subject to limits), provided you have records showing data	ernight on busi ate, amount, pe	ness. Business me ersons present, and	als when not tra I business purpo	veling are also ose.
Use Correct Co	lumn 🐨	Self-Employed	Renta	al Activity
Travel:			2.4102-700	
Airplane, Train, Taxi, Auto Rental	\$_		_ \$	
Restaurant Meals			_	
Meals (See Tip C under Self-Employed Tax Tips)			-	
Lodging			_1_ mc = 1.0	
Telephone/Internet Connection			_	Sc Sc
Cleaning and Laundry			1 2 VELL	Later Day
Baggage and Shipping Other:		1 1 1		CIRCONICHL P
Meals Not Associated With Travel	1	<u> </u>	mini <u>ro nan</u> k	

Do you qualify for business use of home deductions?	If yes, attach list of	expenses related to hom	e. Do not duplicate below.
Yes O No O	Business sq. ft.		
(See Tip B under Self-Employed Tax Tips.)	Total sq. ft.		
(coo tip b under con Employed tax tipe.)	Part of home used	for husiness:	
Use	Correct Column	Self-Employed <sup>1</sup>	Rental <sup>1</sup>
Advertising		\$	\$
Cleaning and Maintenance			
Commissions and Fees Paid			
Contract Labor			
Employee Benefit Programs (include health insurance for em			Total more relative to the control of the
Insurance (not including health)			
Interest • Mortgage (Form 1098)			I da <del>leu e le leu el leu leu leu leu leu leu </del>
Other Interest		A STREET OF THE PARTY OF THE PA	
Legal and Professional Fees			10 <u></u>
Licenses			
Management Fees			
Office Expenses		The state of the s	
Pension/Profit-Sharing Plan Contributions Made for Employee			
Rent Paid • Vehicles, Machinery, and Equipment			
Other Business Property			
Repairs and Maintenance			
Supplies			
Taxes			
Utilities			
Wages Paid			sig <del>uesas and</del> o
Other Expenses (provide list)			
<sup>1</sup> If more than one business or rental property, provide information	ation separately for ea	ich.	
Business or rental asset purchases or sales. Provide a sep	parate schedule listing	dates of purchase or sa	ale, purchase/sales price,
and property description. Include copies of sales receipts or c	ontracts if available.	E Wimpi-Nuki-E (sons	operating beautiful
STEP 9 Health Insurance and Re	The second second	for the Calf Email	per a per a company of the company o
	urement Plans	ior the Sen-Empi	oyea
Insurance premiums paid: Health \$		27, as well as Medicare p	
Contributions made to your SEP, SIMPLE, or qualified retirem See Tip D under Self-Employed Tax Tips.	ent plan for 2023.	\$	
Self-Emr	loyed Tax Tips		
Constant and the second se	loyed lax lips		

Self-Employment and Rental Expenses

- A) Business Assets. Special rules apply that allow the cost of certain business assets (for example, furniture and equipment) purchased and placed in service in 2023 to be fully deducted. See Tax Tip 18 and Tax Tip 19.
- B) **Business Use of Home Deduction.** If an area of the home is used regularly and exclusively for business, a deduction for a portion of mortgage interest, taxes, insurance, other operating costs, and depreciation may be allowed. Special rules apply for inventory storage and daycare. Ask for details.
- C) Per Diem Meal Rates. In lieu of using actual expenses incurred for meals and incidental expenses while travelling, self-employed individuals may deduct IRS-approved per diem amounts. The amounts depend on location. Provide detailed list of dates and locations of business travel.
- D) **Self-Employed Retirement Plans.** Many retirement plans (funded with pre-tax dollars) are available to self-employed business owners. The deadlines for establishing and contributing to a retirement plan vary. If you have employees, matching contributions may be required.
- E) Small Employer Health Insurance Credit. A credit is available to qualified small employers that pay health insurance premiums for employees. Premiums paid for the business owner and his family members don't qualify. Ask us for details.

# STEP 10 Vehicle Expense

- · Commuting between your home and regular work location is not deductible.
- Commuting expenses for going between your home and a temporary work location *outside* the metropolitan area where you live and normally work are deductible. Travel expenses between your home and a temporary work location *within* your metropolitan area are not deductible unless either of the following tests are met:
  - 1) You have one or more regular work locations away from your home or
  - 2) Your home is your principal place of business.
- There are two methods to determine the deduction for vehicles used for business: (1) actual expenses or (2) standard mileage rate (for 2023, 65.5¢ per mile).
- For each vehicle used for business, complete lines 1–6. If you know that you use standard mileage allowance, ignore lines 7–13. If you purchased a vehicle this year and *do not* use standard mileage allowance, provide a copy of the sales invoice.

Total miles driven this year: Business	7 (5)					
Commuting	\$ Yes O	No O	\$ Yes O	No O	\$ Yes O	No O
6) Parking and Tolls		i states per				Participation of the control of the
14) Sold in 2023?		No O	Yes O	No O	Yes O	No O
1) Do you have evidence to support business use?  2) If yes, is the evidence written?  3) Do you (or your spouse) have another vehicle available for person resource.  Recordkeeping: Your vehicle expenses will not be allowed by the IR ness use. Daily records provide the best protection in case of an audit	onal use?		1		Yes O Yes O Yes O	No O No O No O fying bus
Electric Vehicle Purchase Information:  New or Used?  Year/Model/Make?						
Purchase Date? Delivery Date?  MSRP if new vehicle? Purchase amount	if used veh	icle?				
Dealer Name? VIN?						

STEP 11	Education Expenses (A	Attach Forms	1098-E,	1098-T, and 10	099-Q	)		
Include in	formation about education expe	enses incurred	d for you,	your spouse, o	r your	depend	dents.	
2) If in college, was studen at least one academic part least least one academic part least leas	nt enrolled at least half-time for period beginning in 2023?	\$31/2023 of a fe	elony for p		istribu	S tion of a		substanc
Complete this step only if you	u think your total itemized deduction	andard Do			ction f	or your f	filing status (	see below
Filing Status	2023 50	andard De		Standard Deduction			ld for Blind	
Married Filing Jointly or Qu Single Head of Household Married Filing Separately	alifying Surviving Spouse		\$	27,700 13,850 20,800 13,850	+	\$		
Note: Do not include amou	ductible only if net expenses nts paid for or reimbursed by ins	surance <i>or</i> he	of Adjus alth insur	ance premiums			e-tax income	э.
Health Insurance Premiums but not for disability or los Medicare Insurance Premiu Long-Term Care Insurance Prescribed Drugs and Insul Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, E Hospitals, Nurses, Ambular Nursing or Long-Term Care Other (please detail):	ses for a person you cannot clai s¹ (include premiums for vision a ss of income policies) ums¹ (Form SSA-1099) Premiums¹ (Tax Tip 15) in Eye Exams, Laser Eye Surgery race Facility	and dental ins	urance			\$	ask your tax	x prepare
Parking Fees Lodging While Obtaining Me	edical Treatment <i>Limited to \$50</i> ms included in STEP 9 (if self-e	per night, per					11	T (A)

# Itemized Deductions (Continued) STEP 12 Taxes Note: In 2023, the deduction for state and local taxes is limited to \$10,000 (\$5,000 if married filing separate) and foreign real estate taxes are not deductible. State and Local Income Taxes Paid in 2023 (include 2023 estimated tax payments and amounts paid with 2022 return)..... State and Local Sales Tax Paid for Major Purchases (motor vehicles, boats, airplanes, homes, or home building materials, if rate same as general sales tax rate)..... Foreign Taxes (other than foreign real estate taxes)..... Real Estate Taxes—Homestead (less special assessments)..... Other Real Estate Taxes (second home, cabin, etc. but not foreign real estate taxes)..... Property Tax Refund..... Special Assessments—Interest Portion Only..... Personal Property Taxes (auto license tags, etc.) Charitable Donations (Use separate sheet if needed.) Note: Monetary donations under \$250 each must be substantiated by either (1) a bank record (such as a cancelled check) or (2) a written receipt from the charity showing its name and the date and amount of the donation. For each donation of \$250 or more, the taxpayer must obtain a written acknowledgment from the charity. (See Tax Tip 16.) Cash, Check, or Credit Card (include payroll deductions): Churches or Synagogues..... Other: Other: Other: Moncash. Fair Market Value (FMV) of Items Given to Charities..... Attach list of each item (or group of similar items) and its FMV (Tax Tip 17). If a vehicle, boat, or airplane donation over \$500, provide Form 1098-C. Out-of-Pocket Expenses for Charitable Work..... Miles × 14¢ = ..... Charitable Miles: \_\_\_\_\_ Other: Miscellaneous Expenses Note: In 2023, miscellaneous itemized deductions (for example, unreimbursed employee business expenses, investment expenses)

generally are no longer deductible.

Gambling Losses. Limited to Total Gambling Winnings Listed in STEP 3.....\$ If Disabled, Impairment-Related Work Expenses.....

## **Casualty Loss**

Casualty, Disaster, and Theft Losses. Provide details. (Tax Tip 21)

## Interest Paid (Provide Forms 1098)

	Primary Residence	Second Home (Tax Tip 22)
Home Mortgage (If seller-financed, provide seller's name/address/SSN)	\$	\$
Home Equity Loan. Loan Proceeds Used for:		
Loan Points not Reported on Form 1099-INT (Tax Tip 23)		
Investment Interest Paid\$		

S	TEP 13	Principal Residence (attach any 2023 closing statements)
Yes O	ΝοΟ	Did you sell your principal residence in 2023? If yes (Tax Tip 24):
	st partition	Yes O No O Did you own and use it as a principal residence for at least two of five years before the sale?
	-1	Yes O No O Did you sell a previous residence within two years before the sale date and exclude any gain?
		Yes O No O After 2008, was the property ever used for anything other than as a principal residence (for example, as a vacation home or rental property)?
Yes O	ΝοΟ	Did you purchase a residence in 2023?
Yes O	No O	Did you refinance your mortgage or take out a home equity loan in 2023?
		Amount of proceeds used for something other than acquiring or improving your home: \$
Yes O	No O	Did you purchase any energy-efficient improvements such as solar electric, solar water heating, fuel cell, small wind energy, geothermal heat pump, or biomass fuel property, or energy-efficient exterior doors, windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? Did you have a home energy audit?
Yes O	No O	Did you receive a first-time homebuyer credit for a home purchased in 2008?
		If yes, enter the amount of the credit: \$

STEP 14	2023 Estimated	Tax Payments	<b>s1</b>		
	and the state of the state of the policy and the state of	Federal	Date Paid	State	Date Paid
First Quarter Payment Second Quarter Payment Third Quarter Payment	022 overpayment, if any: Made ent Made t Made nt Made	\$		\$	

<sup>&</sup>lt;sup>1</sup> Do not include withholding from Forms W-2 or 1099 in estimated tax payments listed here.

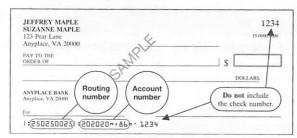
# STEP 15 Tax Refund—Direct Deposit Information

If you receive a 2023 federal tax refund, the refund can be routed to up to three of your checking or savings accounts. (Tax refunds may also be directly deposited to your IRA, Health Savings Account, Archer MSA, Education Savings Account, or Treasury Direct Account, or used to buy up to \$5,000 in series I savings bonds.) If you prefer a direct deposit, please complete the following information. Otherwise a refund check will be mailed to you at the address on your tax return.

Type of Account (Checking, Savings, IRA, etc.)	Routing Number (Nine digits)	Account Number	Percent of Refund
		Control Marketine States	

### Sample check:

**Note:** The routing and account numbers may be in different places on your check.



#### **Privacy Policy:**

We collect nonpublic information about you from the following sources:

- Information we receive from you on applications, tax organizers, worksheets, and other forms;
- 2) Information about your transactions with us, our affiliates, or others; and
- 3) Information we receive from a consumer reporting agency.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as required by law.

We restrict access to nonpublic personal information about you to those members of our firm who need to know that information in order to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.