



Tax Application

Answering the following questions will help us insure that your return will be accurate as possible. PLEASE PRINT

Name: _____ SSN _____ DOB _____
 Spouse: _____ SSN _____ DOB _____
 Address: _____ City _____ State _____ Zip _____
 Your Occupation _____ Spouse Occupation _____
 Phone#: Home _____ Work _____ Cell _____
 Email: _____

Are you claimed as a dependent on anyone's return? Yes No

Filing status: Single Married Married filing separate Head of Household Widow

FIRST NAME	LAST NAME	DATE OF BIRTH	SSN	RELATIONSHIP
Did all your dependent children live with you more than 6 months during the year? <input type="checkbox"/> YES <input type="checkbox"/> NO		Did you contribute to an IRA? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Did you receive Social Security, unemployment or Railroad Retirement? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you Self-Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are all forms of income provided at this time? (Ex-W-2,1099,etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO		Did you pay health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are there any tax years in which you have not filed your return? <input type="checkbox"/> YES <input type="checkbox"/> NO		Did you buy/sell a home or moved? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Did you receive any lump sums from retirement, gambling, or other gifts? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you owe any Student Loans, Liens, Child Support or any other Government agency? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Has your return been Audited in the last (3) years? <input type="checkbox"/> YES <input type="checkbox"/> NO		Did you receive or pay Alimony? _____ Do you receive Child Support? _____		
Do you have daycare expense? _____ Contact to person or business that keeps child: _____				

By signing below, I understand to the best of my knowledge this information is true and accurate. I have all receipts, log books and all other documentation that is required to support my claim. If I am audited for any fault of my own, by giving false information, I will not hold LET'S GO MOBILE TAX liable. I also understand that the I.R.S does random EIC audits and if chosen it is not because LET'S GO MOBILE TAX has made an error on my return and that my refund will be held until I provide LET'S GO MOBILE TAX with the information that is needed. I also understand that if my refund is approved within 12 to 24 hours, I should expect a refund within 10-21 days if I don't owe any other prior debts with any other government agencies including child support and student loans. I also understand that before LET'S GO MOBILE TAX enters my information into the system and afterwards I choose not to have my taxes filed with LET'S GO MOBILE TAX, I am subject to pay a cancellation fee of \$25 before I receive my tax documents if my return has not been transmitted. I also give LET'S GO MOBILE TAX permission to take their service fee out of my refund check so they can receive their service fee and I give them permission to endorse my name to the federal refund check. I also acknowledge that I received a copy of the Privacy Disclosure Act and the LET'S GO MOBILE TAX warranty. If elected, I also give LET'S GO MOBILE TAX permission to deduct the Audit Protect fee, or any other additional services fees that may require deduction of fees.

CLIENT SIGNATURE _____ DATE _____
 SPOUSE SIGNATURE _____ DATE _____