

# BALDWIN HILLS TAX SERVICE

## 2022 FEE PAYMENT POLICY

Tax Return fees must be paid in full prior to filing with the government.

### Exempt Programs:

- File-Now-Pay-Later (with direct deposit)
- Bank Refund Anticipation Check or Direct Deposit

Post date Credit Card/Checks can be accepted, if required (Held for 30 days Maximum)

Thank you for understanding.

Leo / Ken

# Baldwin Hills Tax Service

## BHTS OFFICE FORM DATA PACKET

### Summary Signature Sheet

#### Check Box If:

- Have you reviewed latest Baldwin Hills Tax Service (BHTS) Office Forms Package.
- Any data changed from last year's signature forms (i.e. Address, Phone, dependents, etc.)
- You received IRS 2021 Advance Child Care Credit
- Reviewed Payment option plans
- Renew Audit Protection
  - ☐ Basic \$79.95
  - ☐ Gold \$149.95
  - ☐ Silver \$99.95
  - ☐ OPT OUT

List Items that changed from last year: \_\_\_\_\_

#### TERMS OF ENGAGEMENT

We will prepare your Federal and State income tax returns you request using information you provide. We may ask for clarification of some items, but we will not audit or otherwise verify the information you give us.

#### YOUR RESPONSIBILITIES

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

#### OUR RESPONSIBILITIES

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Spouse's Signature**

\_\_\_\_\_  
**Date**

#### Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission. Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

## 2021 Paid Preparer Due Diligence Checklist

- Earned Income Credit (EIC)
- American Opportunity Credit (AOC)
- Child Tax Credit (CTC)
- Additional Child Tax Credit (ACTC)
- Credit for Other Dependents (ODC)
- Head of Household (HOH)

	<b>EIC</b>	<b>AOC</b>	<b>CTC/ACTC/ODC</b>	<b>HOH</b>
Can you provide documentation, if required, to substantiate your eligibility for each credit and/or HOH filing status and the amount of each credit being claimed? (See below for examples of documentation.)	Yes    No n/a	Yes    No n/a	Yes    No n/a	Yes    No n/a
Were any of these credits disallowed or reduced in a prior year?	Yes    No n/a	Yes    No n/a	Yes    No n/a	n/a
Is each qualifying person for whom you are claiming the Child Tax Credit, Additional Child Tax Credit, and Credit for Other Dependents a citizen, national, or resident of the United States?	n/a	n/a	Yes    No n/a	n/a
Did all children for whom you are claiming the Child Tax Credit and/or Additional Child Tax Credit reside with you for more than half the year?	n/a	n/a	Yes    No n/a	n/a
Is there an active Form 8332, <i>Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent</i> , or a similar statement in place?	n/a	n/a	Yes    No n/a	n/a
Did you release the claim for exemption to another person?	n/a	n/a	Yes    No n/a	n/a
Have you provided documentation for the American Opportunity Credit, including Form 1098-T and/or receipts for qualified tuition and related expenses?	n/a	Yes    No n/a	n/a	n/a
Were you unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	n/a	n/a	n/a	Yes    No n/a

### Documentation Examples (list not all-inclusive)

#### Residency of a Qualifying Child

- School records or statement.
- Landlord or a property management statement.
- Health care provider statement.
- Medical records.
- Child care provider records.
- Placement agency statement.
- Social service records or statement.
- Place of worship statement.
- Indian tribal official statement.

#### Disability of Qualifying Child

- Medical doctor's statement.
- Other health care provider's statement.
- Social services agency or program statement.

#### Schedule C

- Business license.
- Forms 1099.
- Records of gross receipts.
- Summary of income.
- Records of expenses.
- Summary of expenses.
- Bank statements to show income and expenses.

### Due Diligence: Additional Questions and Information (list not all-inclusive)

- Ask questions, contemporaneously document questions and client responses
- Must not know of any reason that the client's information is false.
- Do not ignore the implications of any information provided by the client and make additional inquiries if information appears incorrect.
- Complete and submit Form 8867 for each credit claimed.
- Compute the credits.

Taxpayer

Spouse (if filing jointly)

Date

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**General Requirements**

- |   |                                                                                                             |                              |                             |
|---|-------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1 | Was the taxpayer a U.S. citizen or resident alien for the entire year? . . . . .                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Was the taxpayer legally married at the end of the year? . . . . .                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 | Can the taxpayer provide a marriage certificate or divorce decree to confirm their mutual status? . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Did the taxpayer live with their spouse for the last 6 months of this year? . . . . .                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Child Information**

Child's name: \_\_\_\_\_

Child's age: \_\_\_\_\_

- |    |                                                                                                                                                                                  |                              |                             |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1  | Was the child married at the end of the year? . . . . .                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2  | If married, did or will the child file a married filing joint return for any reason other than to obtain a refund of income tax withholding or estimated tax payments? . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3  | What is the taxpayer's relationship to the child? . . . . .                                                                                                                      |                              |                             |
| 4  | If the child is a stepchild, can the taxpayer provide a marriage certificate and proof verifying their relationship with the child? . . . . .                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5  | If the child is related to the taxpayer (brother, sister, grandchild, etc.), can the taxpayer provide proof verifying their relationship with the child? . . . . .               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6  | If the child is a foster child, does the taxpayer have a letter from the placement agency or court decree or other document? . . . . .                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7  | If the child is adopted, is the adoption final? . . . . .                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8  | If the adoption is not final, is the child lawfully placed with the taxpayer for legal adoption? . . . . .                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9  | Did the child live with the taxpayer in the U.S. for more than half of the year? . . . . .                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10 | If "Yes", how many months did the child live with the taxpayer? . . . . .                                                                                                        |                              |                             |
| 11 | Can the taxpayer provide documentation regarding the time the child lived with them? . . . . .                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Can anyone else claim the child as a dependent? . . . . .                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Does the other individual that can claim the child as a dependent know that the taxpayer is claiming the child? . . . . .                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14 | Of the individuals that can claim the child as a dependent, which individual has the highest income? _____                                                                       |                              |                             |
| 15 | Where are the other parents? _____                                                                                                                                               |                              |                             |

**Children Ages 19-23**

- |    |                                                                                                                    |                              |                             |
|----|--------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 16 | What school did the child attend? . . . . .                                                                        |                              |                             |
| 17 | Can the taxpayer provide proof that the child was a full-time student for at least 5 months of the year? . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Children Ages 24 or Older**

- |    |                                                                                                                                                                                                              |                              |                             |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 18 | Was the child totally and permanently disabled at any time during the year? . . . . .                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19 | If "Yes", does the taxpayer have a letter from a doctor, health care provider, social service program or government agency stating the child was permanently and totally disabled during the year? . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Additional Questions**

- |    |                                                                                                                                                                                                             |                              |                             |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 20 | Did the taxpayer provide more than half the cost of keeping up a home for the child and themselves? Costs include food, rent, utilities, mortgage payments, insurance, repairs, and property taxes. . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21 | Did the taxpayer receive any other income or support such as child support, food stamps, housing assistance, etc.? . . . .                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Under penalties of perjury, I \_\_\_\_\_ declare and affirm that I have provided the answers to and/or supplied documentation to obtain the answers to the above questions. The above answers, either supplied or derived during my

Tax Preparer's interview are true, correct and complete.

Signature of Taxpayer

Date

I, the below signed Tax Preparer, do not know or have reason to know that any of the above information is incorrect or incomplete.

Signature of Taxpayer

Date

Form **8879**

(Rev. January 2021)

Department of the Treasury  
Internal Revenue Service**IRS e-file Signature Authorization**

OMB No 1545-0074

- ERO must obtain and retain completed Form 8879.  
► Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID)

00969212 4

Taxpayer's name

Social security number

Spouse's name

Spouse's social security number

**Part I Tax Return Information — Tax Year Ending December 31, 2020** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income

2 Total tax

3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099

4 Amount you want refunded to you

5 Amount you owe

1

2

3

4

5

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize BALDWIN HILLS TAX SERVICE to enter or generate my PIN  
ERO firm name

12345

Enter five digits, but  
don't enter all zeros

as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

☐ I authorize \_\_\_\_\_ to enter or generate my PIN  
ERO firm name
Enter five digits, but  
don't enter all zeros

as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature

Date

**Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication—Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

96921212345

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature

Date

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (Rev 01-2021)

TAXABLE YEAR

FORM

2021

## California e-file Signature Authorization for Individuals

8879

Your name

Your SSN or ITIN

Spouse's/RDP's name

Spouse's/RDP's SSN or ITIN

## Part I Tax Return Information (whole dollars only)

- 1 California adjusted gross income (AGI). See instructions ..... 1 \_\_\_\_\_
- 2 Amount You Owe. See instructions ..... 2 \_\_\_\_\_
- 3 Refund or No Amount Due. See instructions ..... 3 \_\_\_\_\_

## Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

## Taxpayer's PIN: check one box only

☒ I authorize BALDWIN HILLS TAX SERVICE to enter my PIN 12345  
ERO firm name Do not enter all zeros

as my signature on my 2021 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

## Spouse's/RDP's PIN: check one box only

☐ I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_  
ERO firm name Do not enter all zeros

as my signature on my 2021 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature

Date

Practitioner PIN Method Returns Only -- continue below

## Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

96921212345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers.

ERO's signature

Date

## Tax Information Authorization

- Go to [www.irs.gov/Form8821](http://www.irs.gov/Form8821) for instructions and the latest information.  
► Don't sign this form unless all applicable lines have been completed.  
► Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1165	
For IRS Use Only	
Received by:	
Name	
Telephone	
Function	
Date	

**1 Taxpayer information.** Taxpayer must sign and date this form on line 6.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number    Plan number (if applicable)

**2 Designee(s).** If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ► ☐

Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

**3 Tax information.** Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

☐ By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters

**4 Specific use not recorded on the Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 . . . . . ► ☐

**5 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain . . . . . ► ☐  
To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

**6 Taxpayer signature.** If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

► DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature	Date
Print Name	Title (if applicable)

THIS SECTION IS FOR  
**BANK PRODUCT ONLY**



# BALDWIN HILLS TAX SERVICE

## Consent to Disclose Tax Return Information in a Context Other Than Tax Return Preparation or Auxiliary Services

(To be completed by the taxpayer.)

Purpose of disclosure: \_\_\_\_\_

Name and address to whom the information is being disclosed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than those related to the preparation and filing of your tax return without your consent. 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 to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation 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 that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

I, \_\_\_\_\_ (taxpayer), authorize \_\_\_\_\_ (tax preparer)  
to disclose to \_\_\_\_\_ my tax return information for tax year \_\_\_\_\_.

Taxpayer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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](mailto:complaints@tigta.treas.gov).

## CONSENT TO USE OF TAX RETURN INFORMATION

For the purposes of this consent form, "we," "us," and "our" mean

\_\_\_\_\_  
(Printed Name of Tax Preparer)

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage in our tax return preparation services. If we obtain your signature on this form by conditioning our tax preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you do not consent, you may still have your tax return prepared and electronically filed by us for a fee.

For your convenience, we have entered into an arrangement with third parties to provide qualifying taxpayers with the opportunity to apply for an Electronic Refund Disbursement Service and/or Loan product. To determine whether these products may be available to you, we will need to use your tax return information in order to calculate the amount of your anticipated refund.

If you would like us to use your tax return information to determine whether these products may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

By signing below, you authorize us to use the information you provide to us during the preparation of your 2021 tax return to determine whether to present you with the opportunity to apply for these products and services.

Printed Name of Taxpayer: \_\_\_\_\_

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Joint Taxpayer (if applicable): \_\_\_\_\_

Joint Taxpayer Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

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 e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

# BALDWIN HILLS TAX SERVICE

## BANK PRODUCT USE ONLY

\* **Expected Refund Amount** is an estimate based upon the tax information to be filed with the IRS and/or state taxing authority by your Tax Preparer.

† **Disbursement Fee(s)** include the applicable fees in connection with your selected disbursement option. This amount may be higher if you receive a second deposit, and we only anticipated one deposit (in which case the fees for a second disbursement in connection with your disbursement selection will apply).

\*\*Estimated Total Deductions are a good faith estimate of associated fees and payments to be disbursed from your Tax Refund. All deductions will be paid upon commencement of disbursement services.

†† **Estimated Refund Amount Paid to You** equals the **Expected Refund Amount** less the **Estimated Total Deductions** and may be made in multiple disbursements. The amount paid to you may be higher or lower if the refund amounts from the IRS or state taxing authorities differ from the **Expected Refund Amount**.

### CERTIFICATIONS:

By signing this Application, you, the Primary Applicant (and Joint Applicant if applicable), hereby certify:

1. The information you have provided is true and accurate.
2. You are at least eighteen (18) years old (or older as required by applicable state law), and have presented to Tax Preparer one of the following valid forms of Picture ID: Driver's License, BMV/DMV State ID, Military ID, Passport, Resident Alien ID, or other Government-Issued Picture ID.
3. **You understand that the Refund Disbursement Service is (i) an optional product offered in exchange for payment of a fee, (ii) not a loan or an extension of credit, (iii) not required in order to file your taxes or receive a Tax Refund.**
4. You received a completed copy of this Application and Agreement, and you have carefully read and considered all of the provisions of this Application and Agreement.
5. You agree that the "*Expected Refund Amount*," "*Authorized Fees and Payments Disbursed from Refund*," "*Estimated Total Deductions*," and "*Estimated Refund Amount Paid to You*" are good-faith estimates based upon the amount of your tax return filings.
6. You authorize that we make each disbursement specified on the "*Authorized Fees and Payments Disbursed from Refund*" prior to disbursing the remaining proceeds to you.
7. You have selected the disbursement option above to receive the remaining proceeds from your Tax Refund(s), if any.
8. You have authorized your Tax Preparer to submit this Application on your behalf.
9. You have read, understand, and agree to all of the terms of this Application and Agreement, including the **ARBITRATION PROVISION AND JURY TRIAL WAIVER**.
10. You understand and agree to be bound by the terms of the Refund Disbursement Service Agreement.

x \_\_\_\_\_  
Primary Applicant Signature      Date

x \_\_\_\_\_  
Joint Applicant Signature      Date  
(Joint Applicant signature required if filing joint return.)

USA PATRIOT ACT DISCLOSURE: IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: In an effort to protect you and our country, the USA PATRIOT Act was signed into law. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens a new account. As such, we ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask for a driver's license or other identifying documents. We will share certain of this information with third parties as necessary to fulfill our obligations and as disclosed in this Application and Agreement.

**For questions, complaints and concerns, call toll free at (888) 782-0860.**