

Tax Payer Application

STEP 1 Personal Information

1. First name, Middle name, Last name, & Suffix			
2. Social Security number/Tax ID Number	3. Date of birth (mm/dd/yyyy)	4. Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
5. Home address		6. Apartment or suite number	
7. City	8. State	9. ZIP code	10. County
11. Phone number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work ()	12. Cell Phone Carrier	13. Email Address	
14. Filing Status Single <input type="checkbox"/> Married filing Jointly <input type="checkbox"/> Head of household <input type="checkbox"/> Widow(er) Married filing Separately <input type="checkbox"/>			
15. Drivers License #	16 Issue Date	17. State	18. Expiration Date

STEP 2 Dependent Information

1. Full Name	2. Relationship	3. DOB	4. SSN
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STEP 3 Refund Disbursement Options

Check Debit Card Direct Deposit Routing#: _____ Account #: _____

_____ is not responsible for any delay or loss of funds due to Incorrect or Incomplete Information supplied by me or by my financial Institution or due to an error on the part of my financial Institution in depositing funds to my account.

_____ Initial

I hereby authorize **Level Up Tax Pros** to prepare and file my federal and/or state income taxes. I understand that by signing and submitting the application, I am submitting to the process of tax preparation by **Level Up Tax Pros**. I also authorize **Level Up Tax Pros** to deduct preparation fees and all other associated fees from my tax refund as payment for services rendered. I acknowledge I have signed up for an annual membership and accept all of it's benefits included. I further acknowledge, I am purchasing a financial service membership and not just tax preparation. By signing this application I acknowledge that the information provided is true and factual and bear the sole responsibility to provide all supporting documentation.

Signature	Date (mm/dd/yyyy)
Referred By	Agent Code

Signature :

Email: