



Client Overview Sheet

General Information

Your Name: _____ Date: _____

Your Address : _____
City Zip Code

Your Phone Number Home: _____ Work: _____ Cell: _____

Email Address: _____

Your D.O.B. : _____ SSN : _____

Spouse: _____

Spouse Address (If different from above): _____

Spouse Phone Number Home: _____ Work: _____ Cell: _____

Spouse D.O.B. : _____ SSN : _____

Are you and your spouse separated? Yes or No

Did you and your spouse move to separate homes during the 2014 tax year? Yes or No

If so, when? _____

Did you pay more than half of the cost of keeping up a home for the year (rent, mortgage interest, real estate taxes, insurance, repairs, utilities, food eaten in the home)? Yes or No

Can you be claimed as a dependent by any other person? Yes or No

Dependents Information

How many dependents are you claiming on your 2014 tax return? _____

Name	Date of Birth (DOB)	Social Security Number (SSN)	Relationship to you

For each dependent, is the dependent your biological child, adopted child, stepchild, foster child, brother, sister, half brother, half sister, stepbrother, stepsister, or a descendent of any of them? Yes or No

If Yes, please answer the following questions:

A) AGE

Is the child under the age of 19? Yes or No

Was the child between the ages of 19 and 24 and a full time college student in 2014? Yes or No

Is the child over the age of 24? Yes or No

If Yes, was the child over the age of 24 totally and permanently disabled in 2014? Yes or No

If Yes, please explain the type of disability? (please print)

Do you have medical documents to verify your claim of disability? Yes or No

A) RESIDENCY

Has the child lived with you for at least 6 months of the year? Yes or No

B) SUPPORT

Were you responsible for at least half of the child's support in 2014? Yes or No

Can the child be claimed as a dependent on any other individual's tax return? Yes or No

C) JOINT RETURN

Was the child married in 2014 and, if so, did the child file a joint return with his or her spouse? Yes or No

OTHER DEPENDENTS

Do you have any dependents who do not live with you for at least 6 months of the year? Yes or No

What was such other dependents relationship with you?

Were you responsible for at least half of such other dependent's support in 2014? Yes or No

2014 Work History

Please provide any Forms W-2 received in connection with any employment in 2014.

Were you self-employed in 2014? Yes or No. If Yes, please complete the Self Employment Form.

Disclosure Statement

I _____ solemnly swear that the information provided is true and I take full responsibility for any false information provided in preparation of my 2014 tax return. No employee or staff of Right Now Refunds provided me with any illegal information to assist in preparing this return. I provided all information required to accurately complete my tax return to Right Now Refunds. It is not my intent to provide any fraudulent information to the IRS. I understand that the failure to provide accurate information in this Client Overview Sheet may result in the imposition of accuracy-related or fraud penalties, interest charges, and, if such information was used in connection with claiming the earned income tax credit, a ban for two or ten years from claiming the earned income tax credit.

Signature

Date