

## Part 1 Personal Information Personal Information 1. First name, Middle name, Last name, & Suffix 3. Date of birth (mm/dd/yyyy) 2. Social Security number/Tax ID Number 4. Sex Male Female 🗌 5. Home address 6. Apartment or suite number 7. City 8. State 9. ZIP code 10. County 11. Phone Number 🔲 Cell Home Work 12. Email Address 13. Filing Status Married Married Filing Widow(er) Single \_\_\_ Head of Household Filing Sep Driver's License# 1, Issue 1, State 1. Expiration Part 2 Dependent Information 1. Full Name 2. Relationship 3.DOB 4. SSN 1. Full Name 3.DOB 4. SSN 2. Relationship 1. Full Name 3.DOB 4. SSN 2. Relationship 1. Full Name 3.DOB 4. SSN 2. Relationship 1. Full Name 3.DOB Relationship 4. SSN 3.DOB 1. Full Name 2. Relationship 4. SSN **Part** Refund Disbursement Options Account Check Debit Card Routing # **Direct Deposit** TRF Services, LLC DBA Tax Refund Firm is not responsible for any delay or loss of refund 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 Initials I hereby authorize TRF Services, LLC DBA Tax Refund Firm to prepare and file my federal and/or state tax income returns. I understand by signing and submitting my application. I am submitting to the process of tax preparation by TRF Services, LLC DBA Tax Refund Firm. I also authorize TRF Services, LLC, DBA Tax Refund Firm to deduct tax preparation fees and all other associated fees from my tax return as payment for services rendered. By signing this application, I acknowledge that the information provided is true and factual and bear the sole responsibility to provide all supporting documents.

Date

Signature