

BakerRipley Neighborhood Tax Centers Intake Form

CLEARLY write the name of everyone who will be listed on the tax return (Including Yourself)
 To list more names, please use an extra sheet of paper.

	Full name as shown on SSN card or ITIN letter	Date of Birth Mo/Day/Year	Health Insurance Company	SSN or ITIN Number
1.				
2.				
3.				
4.				
5.				
6.				

Bank Account Information for Direct Deposit – circle one: Checking Savings

Routing #: _____ Account #: _____

Bank Name: _____ City, State where account opened: _____

For NTC: Confirm each digit! Use red pen and confirm any changes.

TAXPAYER STOP HERE

Tax Preparer: # _____

Name and SSN/ITIN (must indicate what was used for everyone listed on the return)

- Checked** against actual **SSN cards** or **ITIN letters** or a copy (physical or electronic).
- Checked** against a government issued document. Type of document _____
- Documents missing but manager made an exception.

Bank Account Numbers

- Checked** against numbers on a document issued by the financial institution.
- Document not available but I have **verified ALL numbers** with customer.

Identity Protection Personal Identity Number (IP PIN)

- Taxpayer _____
- Spouse _____
- Dependent _____



BakerRipley Neighborhood Tax Centers Formulario de Entrada

Escriba **CLARAMENTE** los nombres de las personas incluidas en su declaración de impuestos.
(Incluyéndolo a usted)

Para incluir más nombres, use otra hoja.

	Nombre completo según lo muestra la tarjeta de SSN o la carta ITIN	Fecha de nacimiento Mes/Día/Año	Compañía de seguro médico	SSN o ITIN
1.				
2.				
3.				
4.				
5.				
6.				

Información de su cuenta bancaria para depósito directo Marque una con un círculo: **Cheques** **Ahorros**

Nº tránsito bancario: _____ Número de cuenta: _____

Banco: _____ Ciudad/Estado (Donde abrió la cuenta): _____

For NTC: Confirm each digit! Use red pen and confirm any changes.

EL CONTRIBUYENTE TERMINA AQUÍ

Tax Preparer: # _____

Name and SSN/ITIN (must indicate what was used for everyone listed on the return)

- Checked** against actual **SSN cards** or **ITIN letters** or a copy (physical or electronic).
- Checked** against a government issued document. Type of document _____
- Documents missing but manager made an exception.

Bank Account Numbers

- Checked** against numbers on a document issued by the financial institution.
- Document not available but I have **verified ALL numbers** with customer.

Identity Protection Personal Identity Number (IP PIN)

- Taxpayer _____
- Spouse _____
- Dependent _____

