

# 2024 Taxpayer Information Sheet

## Taxpayer Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

SSN \_\_\_\_\_ - - \_\_\_\_\_ DOB \_\_\_\_\_ / / \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell # \_\_\_\_\_ - - \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

Marital Status on 12/31/2024

Married  Not married

Can anyone else claim you as a dependent?

Yes  No

## Spouse Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

SSN \_\_\_\_\_ - - \_\_\_\_\_ DOB \_\_\_\_\_ / / \_\_\_\_\_ Occupation \_\_\_\_\_

Cell # \_\_\_\_\_ - - \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

Filing Status?

Jointly (MFJ)  Separately (MFS)

Can anyone else claim you as a dependent?

Yes  No

## Additional Information

# of W-2's \_\_\_\_\_ Do you have any other income?  No  Yes, # of other forms \_\_\_\_\_

If yes, describe (SSI, Interest, Pension, etc..) \_\_\_\_\_

Did you or anyone on your return have marketplace insurance at any point during the year?

No  Yes You are required to provide your 1095A

Will you be claiming any dependents?  No  Yes How many? \_\_\_\_\_

What advance product would you like to apply for? Check one.

No-cost advance (up to \$1000)  Max advance (up to \$7000)

Direct Deposit Info- Routing: \_\_\_\_\_ Account #: \_\_\_\_\_

Have you filed taxes with Sun Loan before?  No  Yes, location: \_\_\_\_\_

Referred By: \_\_\_\_\_

*I, the undersigned, hereby certify that all the information provided above is true and correct. By signing, I authorize Sun Loan to file my return using the information I have provided.*

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

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* TAXPAYER MUST COMPLETE THIS INFORMATION SHEET\*\*\*