



NEW CLIENT INFORMATION FORM:

PLEASE PROVIDE PAST 2 YEARS OF TAX RETURNS BOTH FEDERAL AND STATE. PLEASE DO NOT E-MAIL SENSITIVE INFORMATION. YOU MAY FAX (732-676-7639), MAIL, OR UPLOAD DOCUMENTS TO OUR SECURE PORTAL.

DATE: _____

NAME (spouse on next page): _____

HOME ADDRESS: _____

HOME CITY, STATE, ZIP: _____

CELL PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

MARITAL STATUS: _____

DATE OF MARRIAGE: _____

BANK ROUTING # (for tax
refunds): _____

BANK ACCOUNT #: _____

HOME PHONE: _____

OCCUPATION: _____

RESIDENCY HOSPITAL (if
applicable): _____

REFERRED BY: _____

SPOUSE INFORMATION:

NAME: _____

CELL PHONE: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

EMAIL: _____

OCCUPATION: _____

DEPENDENT/CHILDREN INFORMATION
(if more than 3 list on separate page):

NAME: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

RELATIONSHIP: _____

NAME: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

RELATIONSHIP: _____

NAME: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

RELATIONSHIP: _____

PLEASE FILL OUT THE FOLLOWING PAGES TO THE BEST OF YOUR ABILITY.

Assets:

Product:	Taxpayer Value:	Spouse Value:	Joint Value:
401K/403B-Current Employer:			<u>N/A</u>
401K/403B-Former Employer:			<u>N/A</u>
Regular IRA (if multiple list separately in "other"):			<u>N/A</u>
Roth IRA (if multiple list separately in "other"):			<u>N/A</u>
Brokerage Account:			
Stocks (Outside Brokerage):			
Mutual Funds (Outside Brokerage):			
Bonds (Outside Brokerage):			
Savings/Money Market:			
CD's:			
Checking:			
Annuities:			
529 Plans:			
Cash Value Life:			
Personal Property/Collectibles:			
Real Estate:			
Other (describe):			
Other (describe):			
Other (describe):			

Liabilities:

Type	Current Balance	Original Balance	Term in Months	Interest Rate (APR)	Credit Limit Amount	Payment Amount and Mode
Credit Card:						
Auto Loan:						
Auto Loan:						
First Mortgage:						
2 nd Mortgage:						
Equity Line (HELOC):						
Student Loans: (if multiple list separately in "other"):						
Other (describe):						
Other (describe):						

Taxpayer Benefits:

Type	Value/Benefit Amount	Your Cost	Ownership
Life:			
Disability:			
Long Term Care:			
Medical:			

Spouse Benefits:

Type	Value/Benefit Amount	Your Cost	Ownership
Life:			
Disability:			
Long Term Care:			
Medical:			

Retirement Plans:

Taxpayer		Spouse	
Please describe below the type of retirement plans currently available to you. Be sure to include both employee and employer contribution/match figures and any other relevant information.		Please describe below the type of retirement plans currently available to you. Be sure to include both employee and employer contribution/match figures and any other relevant information.	
401K/403B:		401K/403B:	
Your annual contribution:		Your annual contribution:	
Employer match percentage:		Employer match percentage:	
Profit Sharing Plan:		Profit Sharing Plan:	
Your annual contribution:		Your annual contribution:	
Employer match percentage:		Employer match percentage:	
Pension (Defined Benefit Plan):		Pension (Defined Benefit plan):	
Your annual contribution:		Your annual contribution:	
Future benefit amount:		Future benefit amount:	

Relationships and Documents:

	Contact Name	Phone Number	Document Title	Applicable Date
Attorney:				
Will:				
Prior Accountant:				
Trust(s):				
Power of Attorney:				
Health Care Proxy:				
Inheritance Expected/Probate:				

Other/Notes:

Please add any other comments or notes you feel we should be aware of:

Statement of Cash Flows/Budget:

	ANNUAL	MONTHLY	COMMENTS
SALARY (NET OF TAX)			
INTEREST/DIVIDEND INCOME			
RENTAL INCOME			
OTHER (describe)			
AUTO INSURANCE			
AUTO PAYMENT			
BROKERAGE FUNDING			
CABLE/INTERNET			
CELL PHONE			
CHARITY			
COLLEGE FUNDING			
CREDIT CARDS			
DISABILITY INSURANCE			
EMPLOYER PLAN FUNDING			
GIFTS			
HEALTH SAVINGS ACCOUNT			
HOMEOWNERS INSURANCE			
IRA FUNDING			
LIFE INSURANCE			
LONG TERM CARE INSURANCE			
MORTGAGE			
MISCELLANEOUS			
REAL ESTATE TAXES			
RENTAL PROPERTY EXPENSES			
UTILITIES (GAS, ELECTRIC, WATER)			
OTHER (describe)			
OTHER (describe)			
OTHER (describe)			
OTHER (describe)			

LETTER OF AUTHORIZATION

For purposes of having Mezzasalma Advisors, and its representatives (including Mezzasalma CPAs, Anthony Mezzasalma, CPA, CFP® & John Mezzasalma, CPA, CFP®) provide truly comprehensive financial planning advice, I/we, understand that it may be convenient for us/me to have Mezzasalma Advisors obtain/provide documents and information related to our/my personal financial situation from/to various sources. Accordingly, this letter of authorization services to provide a blanket approval for Mezzasalma Advisors to obtain and to provide information, subject to the use of reasonable discretion and the below term and conditions.

Provision of Information to Mezzasalma Advisors:

In an effort to alleviate the administrative obligation of having to execute separate letters of authorization to each advisor, we/I hereby authorize Mezzasalma Advisors to use this letter to obtain information relative to our/my financial information from any of our/my outside advisors/business partners. The term “outside advisor(s)” shall relate to anyone who we/I have indicated – either in verbal or written form as having provided, or who will be providing, services to us/me or our/my family, and whose services may impact or has impacted our/my personal financial situation. This includes but is not limited to the following: accountant(s), attorney(s), private banker(s), insurance agent(s), insurance carrier(s), investment advisor(s) and business partner(s).

Release:

Mezzasalma Advisors recognizes the sensitive and confidential nature of the information used in rendering financial advice. In all instances, Mezzasalma Advisors agrees to use its reasonable discretion in providing or requesting personal information. Mezzasalma Advisors also agrees to limit these requests to information necessary to perform the stated objective(s) and to only provide information to individuals who have demonstrated a need for the information. Provided these conditions are satisfied, I hereby agree to release, indemnify and hold harmless both Mezzasalma Advisors and our outside advisors from any and all claims related to such information furnished, provided that: (1) said information is limited to which is relevant or could be reasonably relevant to the provision of financial planning advice, (2) no such information is knowingly provided to parties other than to Mezzasalma Advisors and our outside advisor, and (3) We have not expressly prohibited such information from being obtained. In addition, we understand that the above authorization in no way imputes a duty for Mezzasalma Advisors to obtain or to provide information with our advisors: rather, this authorization to be used for convenience purposes only. We understand that this authorization may be revoked at any time by written notification to Mezzasalma Advisors.

Taxpayer:

Print Name: _____

Spouse:

Print Name: _____

Sign Name: _____

Sign Name: _____

Date: _____

Date: _____

PLEASE SIGN PAGE 2 OF THE FOLLOWING ATTACHED IRS POWER OF ATTORNEY DECLARATION FORM 2848. NO NEED TO COMPLETE PAGE 1...JUST SIGN THE SECOND PAGE WHERE INDICATED (DO NOT DATE.)

PLEASE HAVE EACH SPOUSE (IF APPLICABLE) SIGN A SEPARATE FORM.

THIS FORM ALLOWS US TO CONTACT THE IRS ON YOUR BEHALF, TRACK YOUR ESTIMATED TAX PAYMENTS, AND BETTER SERVE YOUR TAX NEEDS.

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
 List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b):

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 Taxpayer declaration and signature. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.

⚠ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.



Signature

Date

Title (if applicable)

Print Name

Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b** Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c** Enrolled Agent—enrolled as an agent by the IRS per the requirements of Circular 230.
 - d** Officer—a bona fide officer of the taxpayer organization.
 - e** Full-Time Employee—a full-time employee of the taxpayer.
 - f** Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
 - h** Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). See **Special Rules and Requirements for Unenrolled Return Preparers** in the instructions for additional information.
 - k** Qualifying Student or Law Graduate—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
 - r** Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

⚠ IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation — Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable).	Bar, license, certification, registration, or enrollment number (if applicable).	Signature	Date
B	NJ			
B	NJ			
B	NJ			

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
 List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b):

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 Taxpayer declaration and signature. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.

⚠ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

Signature

Date

Title (if applicable)

Print Name

Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b** Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c** Enrolled Agent—enrolled as an agent by the IRS per the requirements of Circular 230.
 - d** Officer—a bona fide officer of the taxpayer organization.
 - e** Full-Time Employee—a full-time employee of the taxpayer.
 - f** Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
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Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation — Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable).	Bar, license, certification, registration, or enrollment number (if applicable).	Signature	Date
B	NJ			
B	NJ			
B	NJ			

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Information		
Did you receive an Economic Impact Payment (EIP or EIP 2) as reported on Notice 1444 or 1444-B?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency leave sick pay?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency family leave wages?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you needed?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to your son or daughter under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to another?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>

Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.

Purchases, Sales and Debt Information

Did you start a new business or purchase rental property during the year?

Did you sell, exchange, or purchase any assets used in your trade or business?

Did you acquire a new or additional interest in a partnership or S corporation?

Did you sell, exchange, or purchase any real estate during the year?

Did you purchase or sell a principal residence during the year?

Did you foreclose or abandon a principal residence or real property during the year?

Did you acquire or dispose of any stock during the year?

Did you take out a home equity loan this year?

Did you refinance a principal residence or second home this year?

Did you sell an existing business, rental, or other property this year?

Did you lend money with the understanding of repayment and this year it became totally uncollectable?

Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?

Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?

Did you receive any income from property sold prior to this year?

Did you receive any unemployment benefits during the year?

Did you receive any disability income during the year?

Did you receive any Medicaid waiver payments as difficulty of care during the year?

Did you receive tip income not reported to your employer this year?

Did any of your life insurance policies mature, or did you surrender any policies?

Did you receive any awards, prizes, hobby income, gambling or lottery winnings?

Did you receive any income considered to be nonemployee compensation?

Do you expect a large fluctuation in income, deductions, or withholding next year?

Did you have any sales or other exchanges of virtual currencies (including from an airdrop or a hard fork, or used virtual currencies to pay for goods or services)?

Retirement Information

Are you an active participant in a pension or retirement plan?

Did you receive any Social Security benefits during the year?

Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

If yes, were any withdrawals due to a Federally declared disaster or COVID-19?

If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2020?

Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?

Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses

Did anyone in your family receive a scholarship of any kind during the year?

- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- If you are a business owner, did you pay health insurance premiums for your employees this year?
- Did you receive any Health Coverage Tax Credit (HCTC) advance payments?
- If yes, attach any Form(s) 1099-H you received.

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
- If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.
- Did you incur interest expenses associated with any investment accounts you held?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$15,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?

- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: _____
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.