

Client Agreement & Application

I _____ acknowledge that I am a student who qualifies for the AMERICAN OPPORTUNITY CREDIT. As a student who qualifies for the American Opportunity Credit I further acknowledge and understand that I will be filing a Federal Tax Return with the Internal Revenue Service and my State Tax Return with the Franchise Tax Board stating that I qualify for the American Opportunity Credit. By signing my name below I authorize my tax preparer, Sheba Services to e-file my Federal Tax Return with the Internal Revenue Service and my State Tax Return with the Franchise Tax Board. A taxpayer who pays qualified tuition and related expenses and whose federal income tax return has a modified adjusted gross income of \$80,000 or less (\$160,000 or less for joint filers) is eligible for the credit. The credit is reduced ratably if a taxpayer's modified adjusted gross income exceeds those amounts.

I also acknowledge **ALL** of the following:

- Sheba Services does not guarantee that I will receive a refund or the amount of any refund that I may receive. For example, owing back taxes and/or child support will affect the amount of refund I receive, if any at all.
- I agree and declare that I will in no way intentionally or negligently use the services of Sheba Services to prepare or file a fraudulent tax return. I understand that by providing false or knowingly incorrect information and/or documents that I could be held civilly and criminally liable.
- American Opportunity Act credit can be up to \$1000. Sheba Services fee for filing such return is \$300.

By signing below, I solemnly swear that the information presented is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Please provide **COMPLETE** information •Copy of ID (Form 1098-T recommended)

Name: _____

Address: _____ City: _____ State: _____

Zip _____ Social Security Number: _____

DOB: _____ (m/d/yy) ID or DL (circle one) # _____

ID issue Date: _____ Exp. Date: _____ Issue State: _____

Primary Phone # :(_____) _____

IF YOU WOULD PREFER YOUR REFUND BE DIRECT DEPOSITED, PLEASE INCLUDE THE FOLLOWING INFORMATION:

Bank Account #: _____

Bank Routing #: _____

FAX COMPLETED APPLICATION AND COPY OF I.D. TO 866-780-5124