

## Getting Started Kit – SECU's Low Cost Tax Preparation Program

### Fee Schedule

Thank you for choosing SECU's Low-Cost Tax Preparation Service for your tax preparation needs. Each return prepared will be subject to a \$75 fee which will be due at the time of completion.\* We will not be able to file your return, nor provide you a copy of your completed return, until you have reviewed it, signed it, and paid the fee.

If you later discover a change that needs to be made to your completed and filed return, the credit union can help you prepare an amendment for \$25. (The \$25 amendment fee will be waived if the needed change is a result of a credit union error.)

### **\*Fee From Refund Program (See important note below for availability information.)**

Eligible members can choose to have the \$75 fee deducted from their tax refund. See the Fee From Refund Consent form for eligibility requirements. This option is not available for prior year returns or amendments and is only available during tax season (January through the April filing deadline).

**IMPORTANT NOTE:** At the time this Getting Started Kit was released, the Fee From Refund Program was still in development; therefore, this option may NOT be available at this time. A branch employee can confirm whether you can choose this option when you drop off your return. If the Fee From Refund program is not yet functional when your return is prepared, full payment will be due at the time of completion as mentioned in the Fee Schedule section above.

### **Please bring the following items in order for SECU to complete your return:**

- Completed Eligibility Checklist and Intake Sheet included in this packet
- Picture ID for taxpayer and spouse, if applicable.
- Social Security cards for yourself and all individuals on your return (spouse and dependents).
- Your complete 2016 tax return.
- All income forms including W-2s, 1099s, and other documents.
- Documentation of higher education expenses paid, including: statements from the school showing tuition and fees amounts billed and paid, 1098-T forms, and student loan interest.
- Daycare expenses and daycare provider's name, address, and tax ID number.
- Documentation to support itemized deductions if applicable – includes mortgage loan interest paid, charitable contributions, property taxes paid (home & auto) and medical expenses.
- Financial statements or other documents to support retirement plan rollovers.
- Healthcare tax documents, including Forms 1095-A, B, or C, Marketplace Exemption Letters, etc.

# Tax Preparation Eligibility Questionnaire

Credit union membership is required for participation in our tax preparation service. Are you a member of SECU, LGFCU, or NCPAFCU?

- Yes – Please continue to the checklist below.
- No – If you are **eligible to join** one of the credit unions listed, speak with an employee to join, and then complete the checklist below. If you are **not eligible to join** one of the credit unions listed, we will not be able to complete your return.

Did you or your spouse (if filing jointly):		Yes	No
1	live or work outside of North Carolina during the tax year?		
2	have military income (including National Guard and Reserves income) reported on Form W-2?		
3	have a 1099-R with distribution code 5, A, E, or K?		
4	have rental income?		
5	have foreign income?		
6	sell stocks, bonds or mutual funds and do not know your basis?		
7	have tobacco allotments or timber sales?		
8	have non-cash charitable contributions over \$500?		
9	have direct farming income or income from the rental of farm land/property?		
10	sell any business or farm related property?		
11	have installment payments for property sold?		
12	sell any property involving barter agreements?		
13	have unreimbursed employee expenses for the personal use of a vehicle?		
14	have household employees that you paid \$1,000 or more?		
15	have any casualty losses not covered by insurance?		
16	have moving expenses you wish to deduct?		
17	have self-employment use of your home you wish to deduct?		
17	have eligible expenses for (and wish to claim) the adoption credit?		
19	have eligible expenses for (and wish to claim) the federal fuel tax credit?		
20	have a child who received \$1,000 – \$10,000 from interest and dividends and you wish you claim this income on your own return?		

Answering “yes” to any of questions 1-20 means that your return is outside the scope of our program and we will not be able to assist in the preparation of your return. If you feel comfortable preparing your own return online, the IRS has a Free File option available. Go to [www.irs.gov](http://www.irs.gov) and click the link for “Free File.” If your income is below \$64,000, you may qualify for no cost do-it-yourself software. If your income is above \$64,000, you will have access to fillable forms to file your return.

**NOTE:** This is not an all-inclusive list of items that may make your return out of scope for our program. An SECU preparer will review your information to determine if any other items are present that will make this return out of the scope of our tax program.



**CONSENT TO DISCLOSE**  
**2017 Tax Return Information**

Print member(s) name here: \_\_\_\_\_

This consent form authorizes State Employees' Credit Union ("we," "us," or "SECU"), as tax preparer, to disclose your tax return information under the conditions described below.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

As a convenience, we can let you know about SECU products we think would be of interest to you based on the information you provide us to prepare your 2017 tax return. To provide you this information, we may disclose your tax return information to other SECU employees. Also, to help us better determine your eligibility for certain SECU lending products and inform you about the SECU products we think will be most relevant for you, we would disclose some of your tax return information, as indicated below, to one or more credit reporting agencies.

If you would like for SECU to disclose your tax return information for either or both purposes, please check the applicable box(es) below, sign and date your consent to the disclosure of your tax return information:

I hereby authorize SECU to disclose all my tax return information to SECU employees to inform me about credit union products that SECU determines may be of interest to me. NOTE: You can request a more limited disclosure of your tax return information as you may direct.

I hereby authorize SECU to disclose my name, address, phone number, date of birth, social security number and income to credit reporting agencies to determine my eligibility for certain credit union products. NOTE: Your credit score will not be impacted by SECU disclosing your information for this purpose, and SECU will not receive your credit report as a direct result of this disclosure.

We will not disclose your tax return information for any other purpose in connection with this consent, except as required or permitted by law. **By checking the box(es) above and signing below, you authorize us to disclose your tax return information as described above.**

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(if married and filing jointly)*

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

<p><b>SECU USE ONLY</b></p> <p><input type="checkbox"/> Taxpayer(s) declined to complete form</p> <p>SECU Emp #: _____ Initials: _____ Date: _____</p>
--



**CONSENT TO USE**  
**2017 Tax Return Information**

Print member(s) name here: \_\_\_\_\_

This consent form authorizes State Employees' Credit Union ("we," "us," or "SECU"), as tax preparer, to use your tax return information under the conditions described below.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

As a convenience, we can let you know about SECU products we think would be of interest to you based on the information you provide us to prepare your 2017 tax return. To provide you this information, we will need to use your tax return information.

If you would like for SECU to use your tax return information to let you know about SECU products while we are preparing your return, please check the box below, sign and date your consent to the disclosure of your tax return information:

I hereby authorize SECU to use my tax return information to inform me of credit union products such as real estate, vehicle, credit card, and consumer loan products, and SECU financial advisory services, which include financial products and services relating to retirement, investment, insurance, general financial condition, and trust and estate planning, such as individual retirement accounts, life insurance and mutual funds, that SECU determines may be of interest to me.

We will not use your tax return information for any other purpose in connection with this consent, except as required or permitted by law. **By checking the box above and signing below, you authorize us to use your tax return information as described above.**

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(if married and filing jointly)*

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

<p><b>SECU USE ONLY</b></p> <p><input type="checkbox"/> Taxpayer(s) declined to complete form</p> <p>SECU Emp #: _____ Initials: _____ Date: _____</p>
--

## SECU Tax Preparation Services Intake Sheet

### DEMOGRAPHIC INFORMATION

	Information About the Taxpayer	Information About the Spouse (if applicable)
SSN		
Full Name <i>(First, Middle Initial, Last)</i>		
Date of Birth		
Address <i>(House #, Street Name, City, State, and Zip Code)</i>		
Daytime Phone #		
Best Time to Call	<input type="checkbox"/> 8:30 – 11:30 AM <input type="checkbox"/> 11:30 AM – 2 :30 PM <input type="checkbox"/> 2:30 – 5:30 PM <input type="checkbox"/> Any time	<input type="checkbox"/> 8:30 – 11:30 AM <input type="checkbox"/> 11:30 AM – 2 :30 PM <input type="checkbox"/> 2:30 – 5:30 PM <input type="checkbox"/> Any time
E-mail Address <i>(The IRS will NOT contact you via email.)</i>		
Job Title		
US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Time Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Totally/perm disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legally blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any type of account at a foreign (non-US) financial institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Answer yes if you have an interest in or have signature authority (i.e. POA) on someone else's foreign bank account.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Answer yes if you have an interest in or have signature authority (i.e. POA) on someone else's foreign bank account.</i>
Can anyone else claim you as a dependent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Veteran of the US Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Answer
Identification <i>(to be completed by SECU employee)</i>	Type and #: _____ Issue Date: _____ Exp. Date: _____	Type and #: _____ Issue Date: _____ Exp. Date: _____

### MARITAL STATUS – As of December 31, 2017, were you:

<input type="checkbox"/>	Unmarried	(Including registered domestic partnerships, civil unions, or other formal relationships under state law)	
<input type="checkbox"/>	Married	Did you get married in 2017?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Did you live with your spouse <b>any</b> time during calendar year 2017?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Did you live with your spouse <b>any</b> time between 7/1/17 and 12/31/17?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If you intend to file a separate return from your spouse, mark the box to the right and enter his/her name and SSN in the "Information About the Spouse" section above.	<input type="checkbox"/>
<input type="checkbox"/>	Legally Separated	Date of separate maintenance agreement:	
		Was agreement signed by a judge in a court of law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If your agreement was NOT signed by a judge and you intend to file a separate return from your spouse, mark the box to the right and enter his/her name and SSN in the "Info About the Spouse" section above."	<input type="checkbox"/>
<input type="checkbox"/>	Divorced	Date of final divorce decree:	
<input type="checkbox"/>	Widowed	Year of spouse's death:	

### MISCELLANEOUS DEMOGRAPHIC QUESTIONS

	Taxpayer	Spouse
Has the IRS issued you an IP PIN as a result of Identity Theft? (If yes, provide letter.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want \$3 of your tax to go to the Presidential Election Campaign Fund? (Your tax or refund will NOT change based on your answer.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect the income on your tax return to continue at the level reported?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**IF YOU DO NOT HAVE ANY POTENTIAL DEPENDENTS, YOU CAN SKIP THIS ENTIRE PAGE**

**DEPENDENT INFORMATION** – Complete this page if you wish to claim any household members as dependents on your return. Include anyone who lived with you at any time during the year, as well as anyone you supported who did not live with you.

Dependent Name	Dependent 1:	Dependent 2:	Dependent 3:	Dependent 4:
Date of Birth				
Social Security Number				
Number of Months this person lived in your home during the year				
This person's relationship to you (son, daughter, grandchild, niece/nephew, etc.)				
If this person is your adopted or foster child, was he/she placed in your home by a legal adoption process or placement agency?	<input type="checkbox"/> Not an adopted or foster child <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not an adopted or foster child <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not an adopted or foster child <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not an adopted or foster child <input type="checkbox"/> Yes <input type="checkbox"/> No
If this person lived with you for less than 6 months (183 days), do you have appropriate documentation (Form 8332, or a divorce decree, separation agreement or custody arrangement) from the custodial parent that supports your eligibility to claim this dependent?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Is this person a resident of the US, Canada, or Mexico?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person Single or Married?	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married
Is this person a Full-time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person Totally/Permanently Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did <b>this person</b> have <b>less than \$4,050</b> of income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did <b>this person</b> provide <b>more than half</b> of his/her own support (living expenses for food, transportation, clothing, shelter, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did <b>you (or your spouse, if filing jointly)</b> provide <b>more than half</b> of this person's support (living expenses for food, transportation, clothing shelter, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did <b>you (or your spouse, if filing jointly)</b> pay <b>more</b> than half the cost of maintaining a home for this person? (i.e. mortgage, rent, utilities, etc.) Do NOT count expenses paid using child support, government assistance, or other 3 <sup>rd</sup> party.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person <b>required</b> to file a tax return? If yes, enter their Adjusted Gross Income.	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____

**DEPENDENTS WITH PARENTS OTHER THAN YOU AND YOUR SPOUSE (IF MARRIED)**

Did any of the dependents listed above have a living parent other than you (or your spouse, if married)?

NO – Skip to the next page    YES – Please continue.

Was the dependent either of the following: *Under the age of 19 at the end of the year* **OR** *a full-time student under the age of 24 at the end of the year* **OR** *totally and permanently disabled*?

NO – Skip to the next page    YES – Complete the questions below.

How many days or months during the year did the dependent live with his/her other parent?	Dependent 1:	Dependent 2:	Dependent 3:	Dependent 4:
Do you have an agreement with the dependent's other parent allowing them to claim the dependent this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ADDITIONAL HOUSEHOLD MEMBERS** – List the name and relationship of anyone else that lived with you in your home for more than ½ of the year (do not include persons, if any, listed on the dependent page):

**INCOME**

Type of Income	Yes	No	Unsure	# of Forms
1 Wages or Salary? (Form W-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 Tip Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 Interest/Dividends from checking/savings accounts, bonds, CDs, brokerage (Forms 1099-INT, 1099-DIV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 Refund of state/local income taxes (Form 1099-G)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 Alimony income or separate maintenance payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 Self-employment Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7a Expenses related to self-employment income or any other income you received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Cash/check payments for any work performed not reported on Forms W-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 Income (or loss) from the sale of stocks, bonds or real estate (Forms 1099-S, 1099-B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 File a federal return last year containing a "capital loss carryover" on Form 1040 Sch D?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 Disability income – such as payments from insurance or worker's comp (Forms 1099-R, W-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12 Payments from Pensions, Annuities, and/or IRAs (Form 1099-R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13 Unemployment Compensation (Form 1099-G)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Social Security or Railroad Retirement Benefits (Forms SSA-1099, RRB-1099)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15 Other Income (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) – Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16 Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**ADJUSTMENTS**

Type of Expense	Yes	No	Unsure
1 Alimony or separate maintenance payments made by you or your spouse If yes, recipient's SSN: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Contributions to a retirement account: <input type="checkbox"/> Traditional IRA – Indicate amount(s): Taxpayer-\$_____ Spouse-\$_____ <input type="checkbox"/> Roth IRA – Indicate amount(s): Taxpayer-\$_____ Spouse-\$_____ <input type="checkbox"/> 401K/403B/457/pension <input type="checkbox"/> Other (SEP IRA, SIMPLE IRA, etc.) – Indicate type (if known): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 For supplies used as an eligible educator (teacher, teacher's aide, counselor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Student Loan Interest payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W box 12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a If you answered yes to question 5, which type of high deductible health plan coverage do you have? <input type="checkbox"/> Single <input type="checkbox"/> Family (covers more than 1 person)			
5b If you answered yes to question 5 <b>and</b> you took distributions during the year from your HSA, were all of the funds used for qualified medical expenses? If no, indicate the amount NOT used for qualified expenses - \$_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DEDUCTIONS**

You are not required to provide us with a copy of your receipts or other documentation of these deductions, however you **MUST** have documentation to provide to the IRS if asked. Check "no" if you had one of the items listed below but would not be able to provide proof to the IRS if requested.

Last year, did you (or your spouse) pay any of the following:		Yes: Indicate amount or check box if you are submitting documentation that has this information		No
		Amount	Doc Attached	
1	Unreimbursed <b>employee</b> business expenses (uniforms, licenses, etc.)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
2	Medical expenses (including after-tax health insurance premiums)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
3	Home mortgage interest (Form 1098)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
4	Real estate taxes for your home (Form 1098)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
5	Personal property taxes for your vehicle?	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
6	Charitable contributions – Cash	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
7	Charitable contributions – Non-cash (\$500 limit to be within the scope of our tax-prep program)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

**CREDITS**

Did you or your spouse have...		Yes	No	Unsure
1	Child or dependent care expenses (such as daycare)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Energy-efficient home items (such as windows, furnace, insulation, etc.) installed (or did you purchase any of these items)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	College/post-secondary education expenses for you, your spouse, or dependents (Form 1098-T)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Any of the following credits disallowed in a prior tax year? If yes, mark the boxes for disallowed credits: <input type="checkbox"/> Earned Income Credit <input type="checkbox"/> Child Tax Credit/Additional Child Tax Credit <input type="checkbox"/> American Opportunity Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MISCELLANEOUS TAX ITEMS**

Did you (or your spouse)...		Yes	No	Unsure
1	Buy, sell or have a foreclosure on your home last year? (Form 1099-A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Live in an area that was affected by a natural disaster last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Make estimated tax payments or apply last year's refund to this year's tax?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Receive the First Time Homebuyer's Credit in 2008?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NC SPECIFIC TAX ITEMS**

1	Did you or your spouse purchase products from outside NC where no sales tax was paid? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
2	In which NC county (or counties) did you reside during 2017? _____
3	If you would like to contribute a portion of your NC refund to any of the following charitable funds, indicate amounts below. Indicating an amount <b>WILL CHANGE</b> your NC refund. This election <b>CANNOT</b> be revoked once your return is submitted. <input type="checkbox"/> Nongame & Endangered Wildlife Fund-\$_____ <input type="checkbox"/> Education Endowment Fund-\$_____ <input type="checkbox"/> Breast Cancer Fund-\$_____

**REFUND**

If you are due a <b>refund</b> on your return, would you like:	
To pay the \$75 return prep fee from your refund?* <input type="checkbox"/> Yes <input type="checkbox"/> No    Routing # _____    Share Acct #: _____ <small>*See "Fee from Refund" Consent form for Eligibility Requirements. Funds <b>MUST</b> be deposited to a credit union share account if you use this option.</small>	
Direct Deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If yes, provide your account info to the right. NOTE: Your refund will go to this account if you elect but are not eligible for "Fee From Refund".)	<b>Direct Deposit Account Information</b> Routing #: _____    Account #: _____ Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Share/Savings <input type="checkbox"/> Money Market
To split your refund between different accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If yes, complete the secondary account number info to the right. This option is not available if you participate in "Fee From Refund".)	<b>Secondary Direct Deposit Account Info</b> (for split refunds only) Routing #: _____    Account #: _____ Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Share/Savings <input type="checkbox"/> Money Market
To purchase US Savings Bonds? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**BALANCE DUE**

If you have a balance due, would you like to make a payment directly from your bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, complete the debit account number info:    Routing #: _____    Account #: _____	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings ( <b>non-credit union accounts only</b> *) <input type="checkbox"/> Money Market ( <b>non-credit union accounts only</b> *)	
<b>**Do NOT choose Savings or Money Market if paying from a credit union account. Funds can NOT be directly debited from these.</b>	



**AFFORDABLE CARE ACT**

		Yes	No	Unsure
1	Did everyone on this return (you, your spouse, and all dependents) have health insurance for the <b>ENTIRE YEAR</b> in 2017?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Did you receive either of these forms? (If yes, please provide) <input type="checkbox"/> Form 1095-B <input type="checkbox"/> Form 1095-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Did you have coverage through the Marketplace? (If yes, you must provide Form 1095-A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3a	If you answered "yes" to question 3, is everyone listed on your Form 1095-A being claimed on this tax return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered "YES" to question 1 immediately above, skip to the TAXPAYER SIGNATURES section below. If "NO", continue.**

		Yes	No	Unsure
4	Did you have an exemption granted by the Marketplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	You indicated that not everyone in your household had health insurance for all of 2017. During the months of the year they did <b>not</b> have coverage, could the person have been covered by an employer health plan (your or your spouse's)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a	If you answered "yes" to question 5, mark the boxes of the individuals who could have been covered under an employer health plan: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent 1 <input type="checkbox"/> Dependent 2 <input type="checkbox"/> Dependent 3 <input type="checkbox"/> Dependent 4			
5b	If you answered "yes" to question 5, indicate the monthly premium for the available plan(s) below. (Skip 5b if you cannot or do not wish to provide the premiums, but in this case, we will assume you are not eligible for an affordability exemption.) Employee-Only Premium (taxpayer's plan): \$_____ Employee-Only Premium (spouse's plan): \$_____ Family Premium (if more than one plan was available, indicate the least expensive family plan premium): \$_____			
6	So that we may determine if you are eligible for an exemption, indicate if anyone in the household falls into one of the following categories: <input type="checkbox"/> Went no more than 2 consecutive months without coverage during the year <input type="checkbox"/> born, adopted, or died during the tax year <input type="checkbox"/> US citizen/legal resident who spent at least 330 full days outside the US during the year <input type="checkbox"/> not lawfully present in the US (and not a US citizen or US national) <input type="checkbox"/> member of a federally recognized Indian Tribe, Alaska native, or otherwise eligible for services through an Indian health care provider or the Indian Health Service <input type="checkbox"/> incarcerated <input type="checkbox"/> eligible for Health Coverage Tax Credit (rare)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Complete the chart below for each person on the return:

- Check the box for each month where the person on the return was **NOT** covered by a health insurance plan, Medicare, or Medicaid. If the person did **NOT** have coverage for any months, you can check "no coverage at all".
- If any person had coverage for the entire year, please check "Full Year Coverage".

	Full Year coverage	No coverage at all	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
TAXPAYER														
SPOUSE														
DEP 1														
DEP 2														
DEP 3														
DEP 4														

**TAXPAYER SIGNATURES**

By signing and dating below, I certify that I personally completed this form and/or I have reviewed entries I did not personally make. To the best of my knowledge, all entries on this form are true, correct, and complete. I have received, reviewed and agree to the SECU Low-Cost Tax Preparation Program Terms and Conditions.

\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

**SECU Low-Cost Tax Preparation Program  
Fee From Refund Option**

**(Review and complete this form only if you wish to pay the \$75 fee from your refund, if eligible)**

State Employees' Credit Union ("we," "us," or "SECU") offers eligible participants ("you") in our Low-Cost Tax Preparation Program (the "Program") the option to have the fee we charge to prepare your 2017 tax year federal and North Carolina income tax returns deducted from your credit union account after you receive your 2017 federal refund, subject to the terms and conditions described below.

Eligibility. You are eligible to participate in the Fee From Refund Option only if (i) you utilize the Program, (ii) based on the prepared return for your 2017 federal income taxes, you are expected to receive a federal tax refund of \$75.00 or more, (iii) we can electronically file the return, and (iv) you elect to have your 2017 federal tax refund directly deposited into a share savings account at SECU, Local Government Federal Credit Union ("LGFCU"), or North Carolina Press Association Federal Credit Union ("NCPAFCU") (the "Account").

Fees Covered. The Fee From Refund Option applies only to the fee we charge under the Program to prepare your 2017 tax year federal and North Carolina income tax returns (the "Fee"). Fees for any amendments or prior year tax returns we may prepare are not eligible for payment using the Fee From Refund Option.

Deduction. If you are eligible and elect to participate in the Fee From Refund Option, we will attempt to debit the Fee from the Account when the Account receives a ACH refund from the U.S. Treasury based on transaction identifiers determined by us.

Responsibility. If we are unable to debit the Fee for any reason, including if the Account does not receive the refund by July 16, 2018, you are still responsible for paying the Fee without demand and you give us permission to debit any of your SECU, LGFCU or NCPAFCU deposit or share accounts at any time, on one or more occasions, as needed to recover the Fee, without liability to you.

Terms and Conditions. Your participation in the Program, including this Fee From Refund Option, remains subject to the Program Terms and Conditions.

I certify that I meet the eligibility criteria above and hereby elect to utilize the Fee From Refund Option.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(if married and filing jointly)*

## Terms and Conditions

These terms and conditions (these “Terms”) govern the tax preparation services State Employees’ Credit Union (“us,” “we,” or “SECU”) provide you under SECU’s Low-Cost Tax Preparation Program (the “Program”).

1. Services. We will prepare your current federal and North Carolina income tax returns, and any prior year tax return(s) we agree to prepare, using information you submit to us. Except to the extent expressly required by applicable tax law, we will not audit or otherwise verify the information you provide us, nor will we be responsible for expressing an opinion concerning the accuracy of such information. After you approve the return, we will electronically file the return unless (i) you request that the return be filed by mail, or (ii) we try but are unable to electronically file the return. If we do not electronically file the return, we will provide you the completed return to timely mail to the appropriate taxing authority.

2. Limited Scope. The Program is limited to preparing individual income tax returns for SECU, Local Government Federal Credit Union (“LGFCU”) or North Carolina Press Association Federal Credit Union (“NCPAFCU”) members whose tax return items satisfy our eligibility guidelines. We disclaim any obligation to provide tax advice or advisory services, though we may, in our discretion, make you aware of tax information we recognize as relevant to your situation. We reserve the right to (i) amend our eligibility guidelines at any time, and (ii) refuse to provide services under the Program if we determine that the preparation of a return is inconsistent with the Program or otherwise not in our best interests.

3. Fee. You agree to pay us: (i) a \$75.00 fee for preparing your current federal and North Carolina tax returns, (ii) a \$25.00 fee for each amendment we prepare to your federal and North Carolina tax returns that we originally prepared, unless covered by the accuracy promise described below in Section 4, and (iii) if we agree to prepare your prior year(s) federal and North Carolina tax returns, a fee of \$75.00 for each year for which we prepare the returns (each, a “Fee”). Payment is due on or before we electronically file your return or deliver the return to you to file by mail. We will not electronically file your return or provide a mailable copy without full payment of the Fee unless SECU offers and you are eligible for and elect to participate in the Fee From Refund Option for the Fee.

4. Accuracy Promise. If we make an error in preparing your federal or North Carolina return that results in the Internal Revenue Service (“IRS”) or the North Carolina Department of Revenue (“NCDOR”) assessing a penalty or interest based on your federal or North Carolina return that we prepare, we will reimburse you for any resulting penalty or interest you pay the IRS or the NCDOR directly caused by our error. Under no circumstances will we pay any additional taxes due as a result of an error. Any additional taxes due will be your sole responsibility. We will pay for penalties and interest as described in this Section only if (i) the penalty or interest is not attributable to your failure to abide by these Terms (including, but not limited to, Section 5) or an improper or

unsupportable deduction, credit or other tax position you take, (ii) you notify us within 60 days after you receive notice from the applicable taxing authority regarding any potential interest or penalty (the “Notice”) and you provide us with the Notice and any information we reasonably request, (iii) you take any action we reasonably request in order to limit further penalties and interest from accruing, such as filing an amended return, and (iv) you were not aware of the error when you filed your return. THIS SECTION STATES OUR ENTIRE OBLIGATION AND LIABILITY, AND YOUR SOLE AND EXCLUSIVE REMEDY, FOR ANY ERRORS IN YOUR RETURN CAUSED BY US.

5. Your Responsibilities. You agree to provide us complete, accurate and timely information necessary to prepare your tax return. You promise that all the information you submit to us to prepare your tax return is true, accurate and complete and includes all income, deductions and other information necessary to correctly prepare your tax return. If you become aware that any information you provided us is incorrect or incomplete in any respect, you must immediately notify us in writing. You are ultimately responsible for the accuracy of your tax return.

6. Records Retention. You are responsible for maintaining the records necessary to support any claimed income, deductions, credits and other information relating to your tax return.

7. LIMITATION OF LIABILITY. WE WILL NOT BE LIABLE TO YOU FOR ANY CONSEQUENTIAL, SPECIAL, INDIRECT, INCIDENTAL, OR PUNITIVE DAMAGES, REGARDLESS OF WHETHER YOU INFORMED US OF THE POSSIBILITY OF SUCH DAMAGES. CONSEQUENTIAL DAMAGES INCLUDE, FOR EXAMPLE, LOST PROFITS, LOST REVENUES, AND LOST BUSINESS OPPORTUNITIES. IN NO EVENT SHALL OUR CUMULATIVE LIABILITY EXCEED \$10,000.00.

8. Miscellaneous. These Terms, and your and our rights under these Terms, shall be governed and interpreted in accordance with North Carolina law. The exclusive venue for any dispute relating to these Terms shall lie in Wake County, North Carolina. These Terms constitute our entire agreement with you regarding our responsibilities under the Program and supersede any other agreements. Any amendment to these Terms must be in writing and signed by the party charged. We may delay or waive the enforcement of any of our rights under these Terms without losing that right or any other. A determination that any part of these Terms is invalid or unenforceable will not affect the remainder of these Terms. You may not assign these Terms.