

Trinity Global Financial Group, PLLC
 267 John Knox Road Suite 212
 Tallahassee, FL 32303
 850-877-9461 Office
 850-792-2785 Fax

2023 Personal Data

Ericka: EWilliams@trinityglobalfinancial.com
 Jenna: Jenna@trinityglobalfinancial.com
 Jenna Cell: 479-372-0002

Filing Status:

Taxpayer Name SSN We MUST have the entire SSN for the taxpayer in order to bring up the return.

Spouse Name SSN

Address to use on tax return Apt No. City State Zip

NOTE: If the address ABOVE does NOT reflect your actual state of residence (using a family/friend's mailing address) we MUST have your state of residence to properly file your return. Enter ACTUAL STATE OF RESIDENCE (if different): DO YOU NEED A CITY/LOCAL TAX RETURN EXTENSION FILED? SEE NOTE BELOW ABOUT EXTENSIONS.

As part of the ID theft protection process states are requiring a driver's license number on the return. Please send a copy of your current US licenses. WE MUST HAVE FRONT AND BACK FOR NEW YORK STATE LICENSES!

ONLY If your address for the tax return is a foreign country provide: State/Province Country Postal Code
MAKE NO ENTRY HERE IF YOUR ADDRESS ABOVE IS IN THE US.

Taxpayer		Spouse	
Date of Birth		Date of Birth	
Occupation		Occupation	
Daytime Phone Ext		Daytime Phone Ext	
Evening Phone Ext		Evening Phone Ext	
Cell Phone Foreign Phone		Cell Phone Foreign Phone	
E-mail		E-mail	
US Citizen? YES If not, what country?		US Citizen? YES If not, what country?	
Credentialed? If YES, are you receiving a housing allowance? Form 4361 Exempt from SS/SE tax on file with IRS?		Credentialed? If YES, are you receiving a housing allowance? Form 4361 Exempt from SS/SE tax on file with IRS?	
Full Time Student Blind		Full Time Student Blind	
Do you want \$3 to go to the Presidential Election Campaign Fund		Does spouse want \$3 to go to the Presidential Election Campaign Fund	

Did you purchase health care insurance for yourself, or any family member/dependent through a state or federal marketplace/exchange? YES If yes, we MUST HAVE all forms 1095A.

Do you need information helpful in completing the FAFSA application? We will send your FAFSA data once your return has been efiled. Note that the for the 2023-2024 school year FAFSA data is from your 2021 return so you may already have this information in your records.

Did you have a financial interest in or signature authority over a foreign financial account, including a bank account, brokerage account, mutual fund, trust, or other type of foreign financial account? If you check yes AND the combined highest balance of all accounts is \$10,000 or more you MUST complete and return the last four pages as appropriate for your situation by MARCH 31, 2024 to ensure timely filing.

DUE DATES and ESTIMATED PAYMENTS: Federal returns are due on April 15th of each year. If you are living outside the United States **ON APRIL 15TH**, you have an automatic extension to file until June 15th without any action needed on your part. If you are unable to file by the applicable date you **MUST** apply for an extension. Please note that we only apply for an extension if you contact us or if we have received your tax questionnaire and are not able to complete the return by the due date. State returns are due on April 15th and generally follow the federal extension dates however some states do not. When you ask us to apply for an extension we will include the state extension if we know your state of residence. Please note that most states will only grant the extension if you have paid 90% of the state tax due on the return by the original due date of April 15th. Estimated payments are due on the 15th day of April, June, September and January the following year. Most states require that you make payments to cover your estimated tax liability. If you have not made the required payments by the due date and you owe when the return is filed, you may be subject to a penalty. If you need help calculating estimated payments contact us and we will provide payment vouchers upon request.

I/We do hereby declare that, to the best of my knowledge and belief, the information furnished by me/us in this questionnaire for the preparation of my/our 2023 income tax return is true, correct and complete. I/We also certify that I/We will analyze the prepared return to verify the correctness of information compiled by the preparer. I/We realize that the accuracy of the return is my/our responsibility. If this document is submitted by email or via your secure portal, the email/upload will serve as electronic signature.

Taxpayer Signature Date Spouse Signature Date

Taxpayer Name:

SSN:

*** SEE NOTES AT BOTTOM***

Dependents

*** SEE NOTES AT BOTTOM***

First Name	Initial	Last Name	Suffix
-------------------	---------	-----------	--------

SSN	Relationship	Number of months lived with you in 2023
-----	--------------	---

Date of Birth	Does this dependent have income over \$1,000 <input type="checkbox"/> Do you want TGFG to prepare a return for this income?*
---------------	---

Child care expenses incurred and paid in 2023 **

First Name	Initial	Last Name	Suffix
-------------------	---------	-----------	--------

SSN	Relationship	Number of months lived with you in 2023
-----	--------------	---

Date of Birth	Does this dependent have income over \$1,000 <input type="checkbox"/> Do you want TGFG to prepare a return for this income?*
---------------	---

Child care expenses incurred and paid in 2023 **

First Name	Initial	Last Name	Suffix
-------------------	---------	-----------	--------

SSN	Relationship	Number of months lived with you in 2023
-----	--------------	---

Date of Birth	Does this dependent have income over \$1,000 <input type="checkbox"/> Do you want TGFG to prepare a return for this income?*
---------------	---

Child care expenses incurred and paid in 2023 **

First Name	Initial	Last Name	Suffix
-------------------	---------	-----------	--------

SSN	Relationship	Number of months lived with you in 2023
-----	--------------	---

Date of Birth	Does this dependent have income over \$1,000 <input type="checkbox"/> Do you want TGFG to prepare a return for this income?*
---------------	---

Child care expenses incurred and paid in 2023 **

First Name	Initial	Last Name	Suffix
-------------------	---------	-----------	--------

SSN	Relationship	Number of months lived with you in 2023
-----	--------------	---

Date of Birth	Does this dependent have income over \$1,000 <input type="checkbox"/> Do you want TGFG to prepare a return for this income?*
---------------	---

Child care expenses incurred and paid in 2023 **

* If you choose to have TGFG prepare your dependent's return please forward a copy of their W-2 and/or 1099 documents. If NOT, be sure the dependent does NOT claim themselves as an exemption on their return.

** Provide the name, address and EIN or SSN for child care provider. Use last page for notes if needed.

NOTE: If you qualified for Earned Income Credit in 2022 please provide documentation to prove the child's residence during 2023 include medical records, school records, day care records, etc.

Taxpayer Name:

SSN:

ESTIMATED TAX PAID	Amount Paid To IRS	Date Paid	Amount Paid To State	Date Paid	Amount Paid To Local	Date Paid
2023 overpayment applied to 2023 taxes						
1 st Qtr 2023 payment (was due 4/15/2023)						
2 nd Qtr 2023 payment (was due 6/15/2023)						
3 rd Qtr 2023 payment (was due 9/15/2023)						
4 th Qtr 2023 payment (was due 1/15/2024)						
Total						

The quarterly payments for HQ will appear on your April, June, September 2023 and January 2024 statements as a transaction in your class (05) shown as CK UNITED STATES TREASURY Be sure to forward your statements to us for verification. We will ALSO NEED YOUR DECEMBER 2023

STATEMENT! PDF FORMAT IS PREFERRED

TAX DUE/REFUND PROCESSING INSTRUCTION

Banking information - Name of Bank:

Checking

Savings

Use for - Direct Deposit of Refund -

Direct Debit for Balance Due (FED and State) -



Routing Number

Account Number

I/We authorize TGFG Tax to set up direct deposit OR direct debit as needed based on the Esigned tax return when completed.

Send any refunds as checks in the mail.

I will make payment for any tax due myself.

At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? YES NO

IF YES, WE MUST HAVE YOUR 8949 TRANSACTION DATA.



Protection Plus is the leading provider of audit assistance and identity theft restoration services in the tax industry. For a one-time fee of \$89.95 at the time of tax preparation, their experienced professionals will provide assistance with a multitude of IRS issues and provide identity restoration services in the event your identity is compromised. The audit assistance will provide coverage on your 2023 federal tax return for three years, and the identity theft restoration services for a full year. We are recommending that all of our clients add this valuable service to their tax preparation this year.

Mark this box to authorize the inclusion of this valuable service with your return preparation.

Taxpayer Name:

SSN:

Income

PLEASE ENCLOSE ALL FORMS 1099 AND W-2 FOR ITEMS LISTED ON THIS PAGE

EMPLOYER	JOB TITLE	GROSS EARNINGS	
		Taxpayer	Spouse

SOCIAL SECURITY BENEFITS

	Taxpayer	Spouse
Net benefits (1099SSA Box 5)		
MEDICARE Premiums (1099SSA Box 3, Part B, C&D)		
Income tax withheld (1099SSA Box 6)		

IRA/MBA DISTRIBUTIONS

Was any portion rolled over? Yes No

PAYER'S NAME	TAXPAYER AMOUNT	SPOUSE AMOUNT

INTEREST INCOME

Interest earned on accounts held in foreign banks must be reported

PAYER'S NAME	AMOUNT

DIVIDEND INCOME

PAYER'S NAME	Ordinary Dividends	Qualified Dividends	Capital Gains Distribution

Taxpayer Name:

SSN:

RENTAL INCOME & EXPENSE

Kind of Property & Address	Dates available for rent	Rent paid at less than fair rental value?	Rent to a relative?	Did you participate in management of property?
A		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Property A	Property B	Property C	Property D	Property E	Property F
Total Rent Received						
Advertising						
Auto & Travel						
Cleaning & Maintenance						
Insurance						
Legal & Professional Fees						
Management Fees						
Mortgage Interest to Banks						
Other Interest						
Repairs						
Supplies						
Taxes						
Utilities						
Other: (please list detail)						
Original Cost:						
Date Acquired:						

OIL/GAS ROYALTY INCOME & EXPENSE Please attach all forms 1099

Payer Name	Amount	Taxes Paid	Other Expenses

ROYALTIES, PARTNERSHIPS, TRUSTS & ESTATES

Royalties (Copyrights & Patents) Please attach all Forms 1099	
Royalties (Authors, Artists, etc.) Please attach all Forms 1099	
Did you own an interest in one or more partnerships in 2023? Please attach all Schedules K-1	YES <input type="checkbox"/> NO <input type="checkbox"/>
Did you receive income from a trust or estate in 2023? Please attach documentation	YES <input type="checkbox"/> NO <input type="checkbox"/>

Taxpayer Name:

SSN:

PROFESSIONAL EXPENSES Provide NAME of Business

Describe nature of business:

DO NOT LIST EXPENSES FOR WHICH YOU HAVE BEEN OR WILL BE REIMBURSED

ITEMS NORMALLY 100% BUSINESS USE		ITEMS NEEDING ALLOCATION		
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	BUS. %
Credential and Professional Dues:		Repairs on professional equipment:		
Supplies for business purposes:		Credit card fees:		
Out of town travel (other than meals):		Internet & e-mail charges:		
Meals:		Cell phone charges:		
Periodicals & one-read books (no newspapers):		Computer software:		
Reference books for your library:				
Long distance calls for business purposes:				
Newsletters:				
Postage for business purposes:				
Gifts for business purposes:				
Professional education:				

VEHICLE INFORMATION

* If you received a LUMP SUM grant for the purchase of a STL vehicle use the grant amount as the PURCHASE PRICE and the date of purchase as the date put into service.

* If you received a grant by the process of a loan with the credit union, we will extract the data from your statement (74) accumulation but **you must still report the information for the vehicle in this form.**

Be sure to **convert KM to miles** and list ALL expenses for the vehicle even if reimbursed by HQ since that reimbursement was TAXABLE income.

Required Data	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Year and make of vehicle				
*Date vehicle FIRST PUT INTO SERVICE FOR BUSINESS USE				
*Purchase price				
Owned, rented, leased, lease-purchase or borrowed				
Business miles driven in 2023				
Personal miles driven in 2023				
Did you maintain the required written records of the above mileage?	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Vehicle rental or lease payments				
Gas, oil, repairs, insurance, washes, etc.				
Total \$ amount of interest paid on vehicle loans EVEN IF FOR STL VEHICLE				
Property taxes on vehicle				
Date sold & selling price (if sold)				
Was car sold to relative (if sold)				
Do you have another vehicle available for personal use that is not listed above?	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>

Taxpayer Name:	SSN:
DO NOT COMPLETE THE HOUSING INFORMATION UNLESS YOU ARE CREDENTIALLED AND RECEIVING A HOUSING ALLOWANCE.	

U.S. HOUSING EXPENSES (ACTUAL EXPENSE)			
For Home You <u>LIVED IN</u> RENTED		For Home You <u>LIVED IN</u> OWNED	
Rent paid		Total mortgage payments (principle, interest, property tax and insurance)	
Utilities [electricity, gas, water, trash pickup, local telephone service, internet and cable (no cellphones)]		Down payment made in 2023	
Furnishings, appliances, bedding, utensils, etc.		Utilities [electricity, gas, water, trash pickup, local telephone service, internet and cable (no cell phones)]	
Repairs and maintenance (including tools and materials for DIY)		Furnishings, appliances, bedding, utensils, etc.	
		Repairs and maintenance (including tools and materials for DIY)	

Fair rental value of home you OWNED and lived in	
Fair rental value of U.S. housing provided to you free of charge	
U.S. Housing allowance declared	

FIELD HOUSING (SHELTER) <small>*Do NOT add items here that were not included in your quarterly reports.</small>	1 st Quarter Budget Report	2 nd Quarter Budget Report	3 rd Quarter Budget Report	4 th Quarter Budget Report
Rent paid				
Utilities (electricity, gas, water, trash pickup)				
Repairs and maintenance				
Totals				

RESIDENCY INFORMATION (if you were permanently based in the U.S. for all of 2023, you may skip this section.)			
If you are in the U.S., give date you will be leaving for the field and phone # where you can be reached then.			
If you are in the field, give date you will return to the U.S. and phone where you can be reached then.			
Check box if you ever claimed to foreign authorities you are not a bona fide resident of country YES <input type="checkbox"/> NO <input type="checkbox"/>			
Check box if you are required to pay income tax in your foreign country of residence YES <input type="checkbox"/> NO <input type="checkbox"/>			
Type of Visa		Expiration Date	
Indicate type of FIELD housing	<input type="checkbox"/> Purchased House <input type="checkbox"/> Rented House/Apartment <input type="checkbox"/> Quarters furnished by Employer <input type="checkbox"/> Other (please describe)		
Last foreign address during 2023 REQUIRED IF YOU LIVED ABROAD!			
Address:	City:	Province:	
Country:	Foreign Postal Code:		
Check box if you maintained a home in the U.S. YES <input type="checkbox"/> Check box if rental unit <input type="checkbox"/> IF CHECKED, COMPLETE INFORMATION BELOW			
Address of home			
Name of Occupants			
Relationship to you			

U.S. ARRIVAL AND DEPARTURE DATES Please list all dates taxpayer (not spouse) was/will be in the U.S. or its possessions during 2022 or 2023. Note that if spouse receives income for work performed abroad, you should complete a separate travel/time table. Use exact dates for 2022.

2023 EXACT DATES Check Box if overseas ALL of 2023		2024 EXACT OR ANTICIPATED DATES	
DEPARTED FOREIGN COUNTRY	ARRIVED IN FOREIGN COUNTRY	DEPARTED FOREIGN COUNTRY	ARRIVED IN FOREIGN COUNTRY

NOTE THAT WE ARE ASKING FOR YOUR DATES FOR DEPARTURE FROM AND ARRIVAL IN THE FOREIGN COUNTRY IN ORDER TO MORE ACCURATELY CALCULATE YOUR TIME IN THE US SINCE INTERNATIONAL AIRSPACE IS DEEMED TO BE TIME IN THE US.

Taxpayer Name:

SSN:

PROFESSIONAL EQUIPMENT

EQUIPMENT REQUIRING A LOG

For each item please enter the business use % and answer whether or not you have a representative one-month log to back it up.

DESCRIPTION	DATE	COST	BUS. %	If less than 100%, Do you have a log?	HOW DISPOSED OF IF NOT IN USE IF SOLD PROVIDE DATE AND PRICE
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

PROFESSIONAL EQUIPMENT

Please list ONLY equipment purchased with personal funds. Note, however, that the monthly funds you receive from HQ for computer equipment are considered personal funds and you should list these equipment purchases.

Most items of equipment used in your business are included in an IRS list with three broad categories.

1. Listed items requiring a written log to establish the business use % such as a personal vehicle used for business. COMPUTERS are NO LONGER listed property, so you do not need a log, only a conservative estimate.
2. Items whose business use may be documented by other methods. The second category includes cameras, camcorders, iPads, audio recorders and players, projectors, etc. You need only to be able to testify that you have documents such as phone bills, pictures, videos, tapes, CDs, etc. that would demonstrate the business use % you assign to the item.
3. Items not "listed" for which the business use % may be established by your conservative estimate.

NOTE: If the item is 100% business use then no log is required. Equipment purchases of \$250 or less are no longer depreciated. They will be expensed fully in the year purchased. This will reduce your record-keeping requirements. Please group all similar equipment purchases where the individual purchase price is below \$250 by category based on the business use percent. For example, if you purchased six different items where the business use percent was 75% and the total of all six items was \$350 (No single item over \$250) make one entry of \$350 with a business use of 75%.

Please review your asset list from your 2022 return (copy is included in your client copy tax return and is available in your portal), and list here any changes to last year's assets, including business use % or sale. Also, please list any assets purchased in 2023 along with the business use %. If any assets were sold, trashed, or otherwise disposed of, indicate the date and sale price if sold.

Taxpayer Name: _____ SSN: _____

STATE INFORMATION					Please list below each place where you lived in the United states during 2023 _____	
Address	City	County	State	Please give exact dates From (MM/DD/YY) To (MM/DD/YY)		

Please refer to the list of states by each item below. If you lived in one or more of the states, please answer the question.

USE TAX Many States impose a "Use" tax (sales tax) on goods purchased while living in one of these States, from sources outside the State, on which no sales tax was paid (e.g. mail-order goods, books, subscriptions, internet purchases, etc.).

Please read and answer. > Did you have any such purchases? YES Total retail value of goods purchased: \$ _____

> What State did you live in when the goods were purchased?

TUITION & TEXTBOOKS IL, IA, MN These States grant a credit for expenses parents have paid for textbooks, tuition and lab fees for their children in grades K-12 (excluding expenses for classes in religious instruction).

Child's Name	Grade	Name of School	Address of School	Amount

RENTERS CA, IN, MA, MI, MN, MT (age 62 or over), NJ, NY, RI, WI These States grant credits to some renters based on the amount of rent paid and/or your amount of income.

Landlords name and address: _____

Address where you rented: _____

Number of months rented	Monthly Rent	Total Rent

Minnesota Only Please send to us the Form CRP from your landlord for 2023.

New York Only Monthly rent included which of these? Heat Gas Electricity Furnishings Board

Wisconsin Only Did you pay for heating while renting? YES

CALIFORNIA and MAINE Which State applies to you? California Maine

How many days where you in the States during 2023?	Taxpayer	Spouse

Prior to 2023, when were you last a resident of the State? _____

Do you own property in the State? YES YES

CONNECTICUT

Qualifying property	Town or District to which tax was paid	Description of property	List or bill number (if available)	Date paid	Amount paid
Primary residence					
Automobile					

CAPITAL GAINS & LOSSES (Sale of stocks, bonds, land, etc.)

DESCRIBE PROPERTY SOLD (Number of acres, shares, etc.) PLEASE ENCLOSE ALL FORMS 1099B	Acquired			Sold			Selling Price	Cost
	MM	DD	YY	MM	DD	YY		

INSTALLMENT SALES IF SALE WAS IN 2023, PLEASE SEND COPY OF CLOSING STATEMENT OR CONTRACT

Description of property sold	Acquired			Sold			Amount received in 2023	
	MM	DD	YY	MM	DD	YY	Principle	Interest

SALE OF PERSONAL RESIDENCE

Date residence sold: _____ Date residence was acquired: _____

Original cost of residence (please attach purchase closing statements if possible) _____

Cost of improvements to residence (e.g. additions, storm windows, carpeting, etc.) _____

Selling Price (please attach copy of closing statement) _____

How many months did you live in the house during the 5 years previous to the date of sale? _____

Was the house ever used as a rental property? YES

IRA'S

Do you want to contribute to an IRA or SEP IRA if it will save you tax?	Taxpayer	Spouse
YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>

Amount deposited in a traditional IRA for 2023 (not elective compensation deferrals such as 403b, MBA) _____

Amount deposited into ROTH IRA for 2023 _____

Amount converted from a traditional IRA to a ROTH IRA for 2023 _____

Taxpayer Name:

SSN:

Click the portal image to the right to access the SECURE portal so that you can upload the completed questionnaire and your tax documents. Email us with questions about accessing if you haven't already set up your password.



(NOTE: **Be sure to SAVE the questionnaire before uploading.**)

Begin typing below to provide any additional information that you feel is relevant to your 2023 return.

Taxpayer Name:

SSN:

FOREIGN BANK ACCOUNTS

PLEASE COMPLETE A SEPARATE FORM FOR SPOUSE IF NECESSARY.

At any time in 2023, did the combined balances of all **foreign accounts** on which you could sign **exceed \$10,000**? YES NO If "NO," do not complete the section below. If "YES," you must give the following for EACH account. If more space is needed, please enclose on a separate sheet.

Part I Information on Financial Account(s) Owned Separately

(PERSONAL ACCOUNT)

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country

Taxpayer Name:

SSN:

Part II Information on Financial Account(s) Owned Jointly

(FOREIGN PERSONAL ACCOUNTS AND ANOTHER PERSON/ENTITY'S FOREIGN ACCOUNTS)

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Number of joint owners		

Principal Joint Owner Information

Taxpayer Identification Number (TIN)		TIN type (SSN, Foreign, etc.)	
Last name or Organization name			
First name			
Middle name		Suffix	
Address			
City		State	
Zip/Postal code		Country	

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Number of joint owners		

Principal Joint Owner Information

Taxpayer Identification Number (TIN)		TIN type (SSN, Foreign, etc.)	
Last name or Organization name			
First name			
Middle name		Suffix	
Address			
City		State	
Zip/Postal code		Country	

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Number of joint owners		

Principal Joint Owner Information

Taxpayer Identification Number (TIN)		TIN type (SSN, Foreign, etc.)	
Last name or Organization name			
First name			
Middle name		Suffix	
Address			
City		State	
Zip/Postal code		Country	

Taxpayer Name:	SSN:
----------------	------

Part III Information on Financial Account(s) Where Filer has Signature or Other Authority but NO Financial Interest in the Account(s)
(ANOTHER PERSON/ENTITY'S FOREIGN ACCOUNT)

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country

Owner Information

Last name or Organization name			
Taxpayer Identification Number (TIN)		TIN type (SSN, Foreign, etc.)	
First name			
Middle name		Suffix	
Address			
City		State/Territory/Province	
Zip/Postal code	Country		Filer's title with this owner

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country

Owner Information

Last name or Organization name			
Taxpayer Identification Number (TIN)		TIN type (SSN, Foreign, etc.)	
First name			
Middle name		Suffix	
Address			
City		State/Territory/Province	
Zip/Postal code	Country		Filer's title with this owner

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country

Owner Information

Last name or Organization name			
Taxpayer Identification Number (TIN)		TIN type (SSN, Foreign, etc.)	
First name			
Middle name		Suffix	
Address			
City		State/Territory/Province	
Zip/Postal code	Country		Filer's title with this owner

Form 114a

Department of the Treasury
Financial Crimes Enforcement
Network (FinCEN)

October 2013

Record of Authorization to Electronically File FBARs

(See instructions below for completion)

Do not send to FinCEN. Retain this form for your records.



Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

1. Owner last name or entity's legal name	2. Owner first name	3. Owner M. I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M. I.

I/we declare that I/we have provided information concerning _____ (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, _____ to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)	8 Date / / MM DD YYYY	9 Owner or entity TIN	10 TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12 Date / / MM DD YYYY	13 Spouse TIN	14 TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

Part II Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.

15. Preparer last name	16. Preparer first name	17. Preparer M.I.	18. Preparer PTIN
19 Address	20 City	21 State	22 ZIP/postal code
23 Country code	24 Preparer's (item 15) employer's (Entity) name	25. Employer EIN	26. Preparer's signature

Instructions for completing the FBAR Signature Authorization Record

This is a fill and print form using Adobe Reader

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaeiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, Items 7/8 and complete items 9 and 10.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above*, or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer **or** the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d).

DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.