

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial MARIO M	Last name MONROE	Your social security number 607-05-3684
If joint return, spouse's first name and middle initial AURORA	Last name LOPEZ	Spouse's social security number 452-73-2484
Home address (number and street). If you have a P.O. box, see instructions. 7700 CODY LN		Apt. no. 2427
City, town, or post office. If you have a foreign address, also complete spaces below. SACHSE		State TX
		ZIP code 75048
Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1957 Are blind **Spouse:** Was born before January 2, 1957 Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
XZAVIER	MONROE	727-38-4576	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	100,295
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
	8 Other income from Schedule 1, line 10	8	(62,884)
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	37,411
	10 Adjustments to income from Schedule 1, line 26	10	
	11 Subtract line 10 from line 9. This is your adjusted gross income ▶	11	37,411
Standard Deduction for- ● Single or Married filing separately, \$12,550 ● Married filing jointly or Qualifying widow(er), \$25,100 ● Head of household, \$18,800 ● If you checked any box under <i>Standard Deduction</i> , see instructions.	12a Standard deduction or itemized deductions (from Schedule A).	12a	25,100
	b Charitable contributions if you take the standard deduction (see instructions)	12b	
	c Add lines 12a and 12b	12c	25,100
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14 Add lines 12c and 13	14	25,100
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-.	15	12,311

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ . . .	16	1,233
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	1,233
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	336
21	Add lines 19 and 20	21	336
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	897
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax ▶	24	897
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	5,285
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	5,285
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC)	27a	1,707
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶ <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	2,700
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	0
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits . ▶	32	4,407
33	Add lines 25d, 26, and 32. These are your total payments ▶	33	9,692
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8,795
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. ▶ <input type="checkbox"/>	35a	8,795
Direct deposit? See instructions.	▶ b Routing number 2 9 1 4 7 1 0 2 4 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	▶ d Account number 2 2 2 1 1 0 0 6 0 7 0 5 3 6 8 4 8		
	36 Amount of line 34 you want applied to your 2022 estimated tax ▶	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions ▶	37	0
	38 Estimated tax penalty (see instructions) ▶	38	

If you have a qualifying child, attach Sch. EIC.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ▶ Yes. Complete below. No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation MECHANIC	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation ACCOUNTS PAYABLE	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶
Phone no. 832-704-8008	Email address AUR.LOP85@GMAIL.COM		

Paid Preparer Use Only

Preparer's signature	Date 02-12-2022	PTIN P02433277	Check if: <input type="checkbox"/> Self-employed
Preparer's name MIGUEL TORRES	Phone no. 214-272-7037		
Firm's name ▶ TAX CENTRAL			
Firm's address ▶ 3525 MARVIN D LOVE SUITE 103 Dallas, TX 75224	Firm's EIN ▶		

EIC Due Diligence Assistant

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

MARIO M MONROE & AURORA LOPEZ

607-05-3684

Part I All Taxpayers

1 Enter preparer's name and PTIN ▶ MIGUEL TORRES P02433277

2 Is the taxpayer's filing status married filing separately? Yes No
▶ If you checked "No" on line 2, go to line 3. Otherwise, go to line 2a.

2a Does the taxpayer have a qualifying child? Yes No
▶ If you checked "No" on line 2a, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

2b Did the taxpayer either live apart from his or her spouse for the last six months of the year, or live apart from his or her spouse at the end of the year and have a decree of separate maintenance, written separation agreement, or decree requiring one spouse to make payments for support or maintenance of the other? Yes No
▶ If you checked "No" on line 2b, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work and is valid for EIC purposes? See the instructions before answering Yes No
▶ If you checked "No" on line 3, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

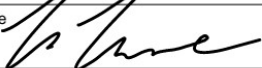

4 Is the taxpayer (or the taxpayer's spouse if filing jointly) filing Form 2555 (relating to the exclusion of foreign earned income)? Yes No
▶ If you checked "Yes" on line 4, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

5a Was the taxpayer (or the taxpayer's spouse) a nonresident alien for any part of 2021? Yes No
▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

b Is the taxpayer's filing status married filing jointly? Yes No
▶ If you checked "Yes" on line 5a and "No" on line 5b, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

6 Is the taxpayer's investment income more than \$10,000? Yes No
▶ If you checked "Yes" on line 6, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

7 Could the taxpayer be a qualifying child of another person for 2021? If the taxpayer's filing status is married filing jointly, check "No." Yes No
▶ If you checked "Yes" on line 7, **stop**; the taxpayer **cannot** take the EIC. Otherwise, go to Part II or Part III, whichever applies.

Your signature 	Date	Spouse's signature. If joint return, BOTH must sign. 	Date
Paid preparer's signature	Date 02-12-2022		

EIC Due Diligence Assistant

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2021

Name(s) as shown on return

Tax ID Number

MARIO M MONROE & AURORA LOPEZ

607-05-3684

Part II Taxpayers With a Child

Caution: If there is more than one child, complete lines 8 through 14 for one child before going to the next column.

	Child 1	Child 2	Child 3
8 Child's name	XZAVIER MONROE		
9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them? . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Was the child unmarried at the end of 2021? If "No" and the child filed a return for any reason other than to claim a refund, the child is not the taxpayer's qualifying child.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 Did the child live with the taxpayer in the United States for over half of 2021? . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the child (at the end of 2021) - • Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), • Under age 24, a student (defined in the instructions), and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or • Any age and permanently and totally disabled? ▶ If you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "No" on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13a Do you or the taxpayer know of another person who could check "Yes" on lines 9, 10, 11, and 12 for the child? ▶ If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Enter the child's relationship to the other person(s)			
c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? ▶ If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
14 Does the qualifying child have an SSN that allows him or her to work and is valid for EIC purposes? ▶ If you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC available to taxpayers without a qualifying child. If there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children). If you checked "Yes" on line 14, continue.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15 If the qualifying child was not the taxpayer's son or daughter, do you know or did you ask why the parents were not claiming the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
16 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2021? ▶ If you checked "No" on line 16, stop ; the taxpayer cannot take the EIC. If you checked "Yes" on line 16, the taxpayer can take the EIC. Complete Schedule EIC and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if Form 8862 must be filed.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Your signature 	Date	Spouse's signature. If joint return, BOTH must sign. 	Date
Paid preparer's signature	Date 02-12-2022		

EIC Due Diligence Assistant

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2021

Name(s) as shown on return

Tax ID Number

MARIO M MONROE & AURORA LOPEZ

607-05-3684

Part III Taxpayers Without a Qualifying Child

17 Was the taxpayer's main home... 18 Has the taxpayer... 19 Is the taxpayer eligible... 20 Are the taxpayer's earned income and adjusted gross income each less than the limit...

Part IV Documents Provided to You

21 Identify below any document that the taxpayer provided to you and that you relied on to determine the taxpayer's EIC eligibility. Check all that apply. Keep a copy of any documents you relied on.

Residency of Qualifying Child(ren)

- a No qualifying child
b School records or statement
c Landlord or property management statement
d Healthcare provider statement
e Medical records
f Childcare provider records
g Placement agency statement
h Social services records or statement
i Place of worship statement
j Indian tribal official statement
k Employer statement
l Other (specify)
m Did not rely on any documents, but made notes in file
n Did not rely on any documents

Disability of Qualifying Child(ren)

- o No disabled child
p Doctor statement
q Other healthcare provider statement
r Social services agency or program statement
s Other (specify)
t Did not rely on any documents, but made notes in file
u Did not rely on any documents

Signature and Date fields for taxpayer and spouse.

Due Diligence

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2021

Name(s) as shown on return

Tax ID Number

MARIO M MONROE & AURORA LOPEZ

607-05-3684

Age - Qualifying Child (complete only if qualifying child is over age 18)

For children over age 18 who are students or permanently and totally disabled, the following additional information and documentation should be available:

	Child 1	Child 2	Child 3
1. Children who are students	<input type="checkbox"/> Not a student	<input type="checkbox"/> Not a student	<input type="checkbox"/> Not a student
a. What school does the child attend?	Child 1 _____ Child 2 _____ Child 3 _____		
b. Can you provide documentation showing that the child was a full-time student for at least 5 months? The school records need to show the dates of attendance. The months don't have to be consecutive	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Children with a permanent and total disability	<input type="checkbox"/> Not disabled	<input type="checkbox"/> Not disabled	<input type="checkbox"/> Not disabled
a. What type of disability does the child have?	Child 1 _____ Child 2 _____ Child 3 _____		
b. Does the child receive SSI or other disability payments?	<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. Do you have a letter from the child's doctor, other healthcare provider, or any social service program or agency verifying that the child is permanently and totally 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

Relationship - Qualifying Child

1. If the biological parent is NOT living with the child, where is the parent? Did he or she provide support?	Child 1	Child 2	Child 3			
Mother _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Father _____						
2. Adopted children:	Child 1	Child 2	Child 3			
a. Is the adoption final or pending?	<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. If the adoption is pending, do you have a letter from an authorized adoption agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Foster children:						
a. Do you have a letter from the authorized placement agency or applicable court document?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Brother, sister, niece, nephew, grandchild, great-grandchild:						
a. Can you provide a birth certificate that verifies your relationship to the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Stepchildren or descendent of them, step-grandchildren, step-great-grandchildren:						
a. Can you provide a birth certificate & marriage certificate verifying the relationship to the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Residency - Qualifying Child

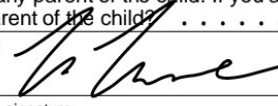
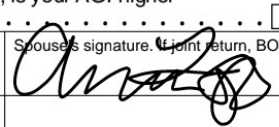
Can you provide any of the following documentation to prove that your child lived with you for more than half of the year? More than one type of documentation may be required by the IRS.

Child 1	Child 2	Child 3
<input checked="" type="checkbox"/> School records	<input type="checkbox"/> School records	<input type="checkbox"/> School records
<input checked="" type="checkbox"/> Medical records	<input type="checkbox"/> Medical records	<input type="checkbox"/> Medical records
<input type="checkbox"/> Letter*	<input type="checkbox"/> Letter*	<input type="checkbox"/> Letter*
<input checked="" type="checkbox"/> Social service records	<input type="checkbox"/> Social service records	<input type="checkbox"/> Social service records
<input type="checkbox"/> Daycare records	<input type="checkbox"/> Daycare records	<input type="checkbox"/> Daycare records
Daycare provider	Daycare provider	Daycare provider

*The letter must be on official letterhead from one of the following: school, medical provider, social service agency, place of worship, or other acceptable entity. The letter must include the name of the child, name of the child's parent or guardian, child's address, and dates during the year child lived with taxpayer.

Adjusted Gross Income - Qualifying Child

For tax years beginning after December 31, 2020 a taxpayer other than the parents of a qualifying child can claim the child, but only if the adjusted gross income (AGI) of the taxpayer is higher than the AGI of any parent of the child. If you are not a parent of the qualifying child, is your AGI higher than any parent of the child?

	Child 1	Child 2	Child 3
For tax years beginning after December 31, 2020 a taxpayer other than the parents of a qualifying child can claim the child, but only if the adjusted gross income (AGI) of the taxpayer is higher than the AGI of any parent of the child. If you are not a parent of the qualifying child, is your AGI higher than any parent of the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your signature 	Date	Spouse's signature. If joint return, BOTH must sign. 	Date
Paid preparer's signature	Date		
	02-12-2022		

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

For the purposes of this consent form "we," "us," and "our" mean

MIGUEL TORRES

(Printed Name of Tax Preparer)

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 in our tax preparation services. If we obtain your signature on this form by conditioning our 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.

You have indicated that you are interested in receiving an Electronic Disbursement Service and/or Loan (or collectively, "Products or Services") from Refund Advantage, a division of MetaBank, National Association. In order to provide you with the opportunity to apply for one of these Products or Services, we must disclose all of your 2021 tax return information necessary for evaluating the request to Refund Advantage. If you request a more limited disclosure of tax return information, you will not be eligible to submit an application request for these Products or Services. If you would like us to disclose your 2021 tax return information for this purpose, please sign and date your consent to the disclosure of your tax return information.

By signing below, you authorize us to disclose to Refund Advantage all of your 2021 tax return information necessary for the evaluation and processing of your request for a Product or Service. You understand that if you are unwilling to authorize the disclosure and sharing of your tax return information with Refund Advantage, you will not be able to obtain a Product or Service, but you may still choose to have your tax return prepared and filed by us for a fee.

Printed Name of Taxpayer: MARIO M MONROE

Taxpayer Signature: 

Date: _____

Printed Name of Joint Taxpayer (if applicable): AURORA LOPEZ

Joint Taxpayer Signature (if applicable): 

Date: _____

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 e-mail at complaints@tigta.treas.gov.


Tax Preparation Fee Acknowledgement

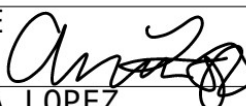
MetaBank®, National Association, has no ownership affiliation with your tax preparer or involvement in the tax preparation services you receive and fees incurred for preparing and filing electronically your federal and or state tax returns. Rather, MetaBank® offers tax refund-related products, including Refund Advance Loans and refund deposit accounts for qualified customers. You may incur set-up costs, transaction costs, and associated fees for services from MetaBank®, which will be separate from any fees relating to the preparation and electronic filing of your tax return. *MetaBank® will notify you of the costs, if any, for our tax refund-related products before you obtain them.* Please note if you open a refund deposit account with us, then you will be directing the IRS and/or state taxing authority to issue your tax refund(s) electronically to this refund deposit account. Under the refund deposit account agreement, you direct MetaBank® to disburse tax refund proceeds in an amount sufficient to pay the tax preparation fees owed to your tax preparer. Therefore, the amount of your tax refund(s) will be reduced by the tax preparation fees owed to your tax preparer.

We have been advised by your tax preparer that your tax preparation fees exceed \$400.00. Therefore, we ask that you verify the amount of the tax preparation fees owed to your tax preparer, which we will deduct from the refund deposit account and remit to your tax preparer.

Your tax preparer represents to us that your tax preparation fees are \$ 900.00.

By signing below, you acknowledge that you (i) have incurred the tax preparation fees set forth above; (ii) owe such fees to your tax preparer for the tax preparation services you received; and (iii) agree that such fees will be deducted from your tax refund(s) proceeds in the refund deposit account and remitted by MetaBank® to your tax preparer.

Taxpayer Signature:  Date: _____
MARIO M MONROE

Spouse Signature (if applicable):  Date: _____
AURORA LOPEZ

ERO's Signature: _____ Date: _____

BANK PRODUCT INFORMATION

EFIN 758407

Franchise/Network EFIN _____

Taxpayer(s) Information:

Taxpayer MARIO M MONROE
 SSN 607-05-3684
 Home Phone (Evening) _____
 Work Phone (Daytime) 832-704-8008
 Cell Phone _____
 Email AUR.LOP85@GMAIL.COM

Spouse AURORA LOPEZ
 SSN 452-73-2484
 Home Phone (Evening) _____
 Work Phone (Daytime) _____
 Cell Phone _____
 Email _____

Dollar Summary

This section is intended to provide estimated payment and fee amounts based on anticipated amounts. These are only estimates. Actual amounts will be determined once the product request has been processed. Anticipated state disbursements are in no particular order. Some states disburse funds in a more timely manner than others. State disbursements may arrive prior to federal disbursements.

Refund Information

Federal Refund 8,795.00
 Selected State Refund(s) _____

Fees

Refund Processing Fee	Paid to <u>Refund Advantage</u>	<u>39.95</u>
Refund Advance Fee	Paid to _____	_____
Additional Deposit Fee	Paid to _____	_____*
Tax Preparation Fee	Paid to <u>TAX CENTRAL</u>	<u>900.00</u>
Franchise/Network Fee	Paid to _____	_____
Software Fee	Paid to <u>Drake Software</u>	<u>18.95</u>
Additional fee withheld on behalf of	_____	_____
Audit protection fee	Paid to _____	_____
Audit protection franchise/network fee	Paid to _____	_____
Audit protection document prep fee	Paid to _____	_____

* Additional deposit fee is \$14 per deposit. Each deposit after the first deposit will incur this charge.

Anticipated Disbursements (after fees) Time frame and amounts are estimated.

Refund Advance	_____*
Federal RT	<u>7,836.10</u>
State Refund Transfer	_____
State Refund Transfer	_____
State Refund Transfer	_____

* Advance amount is subject to approval and could be a higher or lower amount determined by the bank

Disbursement Method: RT Only

Check

Direct Deposit Taxpayer RTN 111000614 DAN 607155865 Checking Savings

Prepaid Card Envelope Number _____ Notification method: Text Email None

Taxpayer Signature 
 Spouse Signature 

Date _____
 Date _____

METABANK® N.A., REFUND DISBURSEMENT SERVICE DISCLOSURES
PLEASE READ THIS IMPORTANT INFORMATION BEFORE SIGNING THE APPLICATION

If you are owed a federal tax refund, you have the right to choose how you will receive the refund. There are several options available to you. Some options are free. The Tax Refund Disbursement Service Option is not a free option, and the fees are outlined below.

You can file your tax return electronically or by paper and obtain your refund directly from the IRS for free. The IRS can send your refund either by check mailed directly to you by U.S. Mail, or by direct deposit to your bank/credit union account. Options available to you to receive your refund directly from the IRS include:

Filing Method	Disbursement	Estimated Availability of Funds*	Tax Preparation Fees
Paper Return	IRS Issued Check	5 to 7 weeks	You Pay Preparer Directly
Paper Return	IRS Direct Deposit	5 to 7 weeks	You Pay Preparer Directly
E-File	IRS Issued Check	21 to 28 days	You Pay Preparer Directly
E-File	IRS Direct Deposit	Less than 21 days	You Pay Preparer Directly

*The estimates shown above are from the IRS and do not include any additional time that may be required for your bank to make the funds available to you after the refund is deposited to your account, or for IRS mail delivery. Taxpayers who claim the Earned Income Tax Credit or the Additional Child Tax Credit may experience a refund hold.

You may also file your state tax return and obtain your refund directly from the State taxing authority for free.

You can file your federal or state tax return electronically and obtain your refund through the Refund Disbursement Service provided by MetaBank, National Association (hereinafter referred to as "we," "us," and "our") for a fee. If you choose to receive your refund through our Refund Disbursement Service (the "Disbursement Service" or "Service"), your tax refund will be sent by the government to a temporary special purpose deposit account with us, from which we will send you the refund amount after we have made all deductions authorized by you. The table below contains information about the Service:

Filing Method	Disbursement Options Available	IRS Estimated Availability of Funds	Tax Preparation Fees and other Authorized Disbursements
E-File	Check, Direct Deposit*, Prepaid Card**	Less than 21 days	Paid from Refund Proceeds

* Please allow additional time for direct deposit processing at your bank. ** Check with your Tax Preparer for availability.

Fees related to the Service: If you decide to use our Service, fees vary based upon the disbursement option you select. These options and fees are set out in the chart below. A 1st refund disbursement fee is charged if you receive just one tax refund (whether federal or state). Additional disbursement fees are charged for all deposits received after the 1st Refund. If you use our Service, the disbursement fees charged will be deducted from the tax refund proceeds you receive and can reduce the amount you can expect from your tax refund.

Disbursement Options and Costs (Fees vary)	Disbursement Fees
New FasterMoney® Discover Prepaid Card (obtained from your Tax Preparer). Refund Disbursement Fees apply. No monthly fees for the first 30 days after issuance. Card will be issued to Primary Applicant in the case of a joint return. See Cardholder Agreement for complete details including all other fees, related to use of the prepaid card.	1st Deposit: \$39.95 Other Deposits: \$14.00
Paper Check. By selecting the paper check option, you authorize and direct us to issue a check payable to you and deliver it to your Tax Preparer or to your address.	1st Deposit: \$39.95 Other Deposits: \$14.00
ACH Credit (direct deposit) to existing bank account or other prepaid card. Refund Advance Loan disbursements not available. Rejected disbursements will be disbursed via paper check and the paper check fees will apply. By selecting the option for an ACH credit (direct deposit) to an existing bank account, you authorize MetaBank as of the date you sign this Agreement (defined below) to initiate a one-time ACH debit from the personal bank account designated in this Agreement if (i) your federal and state refund proceeds are not sufficient to cover the amount of fees and charges for products or services set forth in this Agreement or your refund proceeds are delayed, and (ii) your Tax Preparer (defined below) has not opted out of this option or has not opted you, specifically, out of this option. This authorized debit will cover such fees as tax preparation, document preparation, and electronic filing fees. You may also cancel this one-time ACH debit by notifying MetaBank at least three (3) business days prior to the date that your account is scheduled to be debited, which will be 05-14-2022 if that date is a Friday or, if that date is not a Friday, the Friday immediately thereafter, by writing to us at: 5501 S. Broadband Lane, Sioux Falls, SD 57108. If you have questions or concerns, please contact MetaBank at 888-782-0860.	1st Deposit: \$39.95 Other Deposits: \$14.00

Other important information:

- No one can guarantee whether, when or in what amount a tax refund will be issued. Neither the IRS nor state revenue departments guarantees a specific date that a tax refund will be received by mail or deposited to a bank account, whether or not you use this Service.
- The use of our Service will not provide a speedier payment of your refund than you can obtain for yourself through electronic filing and requesting the direct deposit to your own bank or credit union account.
- If you are receiving a refund, note that decreasing your tax withholdings in a future year could increase your net pay amount (take - home pay). Consult with tax advisor for tax planning advice.
- For other low -cost deposit accounts and prepaid cards offered by MetaBank®, N.A., visit <https://www.metabank.com/personal/cards>.
- Once your tax return is filed, you may visit <https://www.irs.gov/> and click on "Get Your Refund Status" to learn information about the processing of your refund.

Preparer Copy

REFUND DISBURSEMENT SERVICE APPLICATION AND AGREEMENT

1. **Parties.** In this Refund Disbursement Service Application ("**Application**"), as well as the attached Refund Disbursement Agreement ("**Agreement**" or collectively the "**Application and Agreement**"), the terms "**you**" and "**your**" mean the person signing as the "**Applicant**" (or, if a joint return is being filed, both "**Primary Applicant**" and "**Joint Applicant**"). The terms "**MetaBank**" "**we**," "**us**," and "**our**" mean MetaBank®, National Association, and its tax division, Refund Advantage.
2. **REFUND DISBURSEMENT SERVICE.** You authorize us (i) to set up a "TEMPORARY SPECIAL PURPOSE DEPOSIT BANK ACCOUNT" (the "**Account**") for you to receive a direct deposit of your tax refund(s) as well as any and all funds sent to us for disbursement from the Internal Revenue Service ("**IRS**") and/or state taxing authorities ("**Tax Refund(s)**"); (ii) to hold the Tax Refund(s) proceeds temporarily in escrow in the Account for the disbursements authorized herein; and (iii) to disburse all fees and charges, including but not limited to any Refund Disbursement Fees and tax preparation fees, and other authorized amounts (the "**Refund Disbursement Service**" or "**Service**").
3. **DEPOSITS AND AUTHORIZED DISTRIBUTIONS FROM ACCOUNT.** You agree the Account will be set up to receive the electronic direct deposit of your federal and/or state Tax Refund(s). You authorize us to distribute first from the Account all authorized deductions itemized below (including fees owing to us) and amounts owing to third parties, with the remaining balance of your Tax Refund(s), if any, to be distributed to you as directed herein. Furthermore, we will hold your Tax Refund(s) in this Account solely for your benefit and only until your Tax Refund(s) have been fully disbursed, and thereafter we will terminate and close the account. You cannot make any deposits into the Account other than your Tax Refunds. You cannot make any withdrawals from this Account except as authorized herein or take any other action with respect to the Account. The Account is non-interest bearing so you will receive no interest on funds (your Tax Refund proceeds) held in the Account.
4. **RECEIPT AND APPLICATION OF TAX REFUND(S).** You authorize your Tax Preparer (as defined below) to direct the IRS (and state taxing authority, if applicable) to disburse your Tax Refund(s) for the 2021 tax year electronically to the Account by direct deposit. You authorize Tax Preparer to submit this Application to us on your behalf. You appoint us as your agent for all purposes necessary to carrying out the Service. You acknowledge that your refund may be delayed if you have claimed the Earned Income Tax Credit or the Additional Child Tax Credit, and it may be delayed or returned to the IRS if fraud or identity theft is suspected.
5. **DISBURSEMENT OPTIONS.** After disbursing the authorized deductions itemized below (including remitting fees and loan payments, if any, owing to us) and amounts owing to third parties, the remaining balance of your Tax Refund(s) will be disbursed to you via prepaid card, paper check, or direct deposit, as you direct. **Please review the Disbursement Options listed above carefully as the fees associated with Tax Refund(s) disbursements vary depending on the option you select. You may select the option in which you wish to receive the proceeds, if any, owing to you.** If information we receive from you or your representative relating to your chosen disbursement option, such as address or bank account information, is inaccurate or incorrect, you will be responsible for any loss as a consequence of any check or funds transfer made using such erroneous information. In addition, if any transfer is rejected by your financial institution, or if a transfer cannot be accomplished for any other reason, then we will deliver the proceeds owing to you by paper check, and the applicable disbursement fees for "Paper Check" will apply.
6. **USE AND DISCLOSURE OF TAX RETURN INFORMATION.** You authorize us to use your 2021 tax return and refund information to offer the Services. You authorize us to share your 2021 tax return and refund information with (i) your Tax Preparer, (ii) any applicable service bureau, transmitter, and third parties involved in the Service, and/or (iii) others (including governmental entities) as necessary for the Service and to detect or report suspicious or fraudulent tax returns and/or possible fraudulent activity, as permitted by law. You authorize us to provide your Tax Preparer and any applicable service bureau and/or transmitter information regarding the Account and to perform any actions they deem necessary to verify the accuracy of information contained in this Agreement. You agree we may submit inquiries to the IRS and or state taxing authorities to check on the status of your Tax Refund(s). You may not revoke any of the foregoing authorizations except as permitted by applicable law. You may authorize us to share information with certain of our affiliates and non-affiliates by your separate agreement. **For further information about our privacy policies, see the Privacy Policy at the end of this Agreement.**
7. **ACKNOWLEDGEMENT REGARDING TAX PREPARER.** You acknowledge you are receiving and submitting your Application and Agreement to an independent third party authorized to prepare your tax returns (your "**Tax Preparer**"). You have the right to complete and submit your own tax return(s) to the IRS (or state taxing authority) without the use of this Service or without the use of a Tax Preparer. If you elect to use the Service, only returns transmitted to us by a Tax Preparer acceptable to us will be eligible for the Service. Your Tax Preparer is solely responsible for preparing and/or filing your tax returns, and you affirm that you have chosen the Tax Preparer for your own reasons and/or convenience, without our recommendation or endorsement. We will not verify the Tax Preparer's returns for accuracy, compliance, completeness or filing errors. You agree that your Tax Preparer (i) is fully authorized to act as your agent for all purposes necessary to effect the purpose of this Agreement, (ii) has so acted as your agent in connection with the completion and transmission of this Agreement to us, (iii) is acting as your agent to arrange and/or accept delivery of your Paper Check(s) or Prepaid Card as selected by you under this Application and Agreement, if any. You authorize us to rely upon information communicated on your behalf by the Tax Preparer. You absolve and will not hold us liable if your Tax Preparer (i) negligently or intentionally fails to give us accurate information about you, (ii) makes a mistake in the preparing of your tax return(s) or makes any other error or omission in submitting the same for filing, or (iii) fails to deliver a Paper Check or Prepaid Card to you. You also agree that if we are legally required to give you any specific notices or disclosures, we may deliver such information to your Tax Preparer as your agent.
8. **QUESTIONS AND CONCERNS.** If you have a question regarding the Account or Service, or believe an unauthorized transaction has been made, contact us IMMEDIATELY by telephone at 888-782-0860, or write to 5501 S. Broadband Lane, Sioux Falls, SD 57108 ("**Notice Address**"). Please include your name and account number, and a brief description of the issue, including the amount and date of the transaction in question. We will investigate your question or your claim. You agree to cooperate with us. If you do not contact us within a reasonable time, it may affect our ability to help.
9. **MISCELLANEOUS.** No one can, and we do not, guarantee the amount of your Tax Refund(s), if any, or the date on which any such amount may be received. Furthermore, you understand that your requests made in the Application and Agreement may be denied for any reason. By signing this Application and Agreement, you agree that we may assign, sell, or transfer all or part of our rights arising under this Agreement, in whole or in part, to a third party or to an affiliate. You may not assign your rights and responsibilities under this

Agreement. You agree that any document completed and/or signed by you that is sent to us by facsimile or electronic means will be valid and binding as the original of the document in question. This Agreement shall be governed by the laws of the State of South Dakota and applicable federal laws; except that the **Arbitration Provision** and **Jury Trial Waiver Provision** set forth below shall be governed solely by federal law. The provisions of this Agreement, including but not limited to the Arbitration Provision, shall survive the termination or assignment of this Agreement and/or the completion of the transactions contemplated herein, including the disbursement to you of your net Tax Refund proceeds and/or the filing for protection of the bankruptcy courts by any party to this Agreement. Except as set forth in the Arbitration Provision, if any provision of this Application and Agreement is deemed invalid or prohibited by applicable law, such provision shall be ineffective to the extent of such invalidity or prohibition; but the remainder of such provisions or the remaining provisions of this Agreement will remain enforceable. Any headings or captions are intended solely for convenience or reference purposes and shall not constitute part of this Agreement.

10. LIABILITY RELEASE AND DAMAGE LIMITATION. By signing this Application and Agreement, you agree that we are not responsible to reimburse you for any payment or disbursement which is made by us in accordance with this Agreement, and you hereby release us from any such liability for having made such payment or disbursement. You agree that we are not liable or responsible to you or joint recipients of your Tax Refund(s), for (i) a taxing authority's failure to make a Tax Refund payment or disburse a Tax Refund in a complete or timely fashion, (ii) a taxing authority's allowance of an off-set against your Tax Refund(s), or paying your Tax Refund(s) to an improper taxpayer or account, or (iii) a Tax Preparer's acts, errors or omission of in (I) preparing and/or filing your return, (II) handling or delivering of any check or Prepaid Card as required herein, or (III) complying with its duties under this Agreement. Subject to the foregoing, we will not be liable to you under the Agreement or Service, except for our own and unilateral failure to exercise ordinary care in carrying out the Service and except for violations of law where you are granted a private right of action by the controlling law. We shall not be in violation of the obligation of "ordinary care" by a mistake in fact or judgment based upon our honesty-in-fact reasoned belief and conduct. You further agree that clerical error, inadvertence or oversight, absent proven willful intent, will not be oppression, fraud or malice or a wrongful, intentional or grossly negligent act, error or omission. If we are found to have breached this Agreement or otherwise acted negligently with respect to the Service, you will be entitled to recover your direct losses and damages; but in no event will you be entitled to recover from us any indirect, consequential, punitive, reliance, exemplary or special damages, including but not limited to attorney fees or court costs, even if the same damage(s) were reasonably foreseeable or we had been advised in advance by you of same. We will not be liable for physical or legal circumstances beyond our control (such as fire, flood, intervening conduct of others, etc.), or for delay that results if the contemplated disbursements to you are delayed because of defect or interruption of any system associated with the transfer.

DO NOT SIGN THIS AGREEMENT UNTIL YOU READ ALL OF THE TERMS (INCLUDING THE ARBITRATION PROVISION) AND THE APPLICATION FOLLOWING THIS AGREEMENT. THE SERVICE IS COMPLETELY OPTIONAL, NOT REQUIRED IN ORDER TO FILE YOUR TAXES OR RECEIVE A TAX REFUND, AND PROVIDED IN EXCHANGE FOR YOU PAYING A FEE. CALL (888) 782-0860 IF YOU STILL HAVE QUESTIONS ABOUT THE APPLICATION AND AGREEMENT.

11. ARBITRATION PROVISION. By signing this Application and Agreement, you agree to this Arbitration Provision, which will have a substantial impact on how legal claims among you, us and certain related parties are resolved. In arbitration, a neutral third-party Arbitrator resolves Disputes in a private informal hearing, **without a judge or a jury**. Pre-hearing fact finding is limited. Appeals are limited.

Right to Opt Out. If you do not want this Arbitration Provision to apply, send a written (not electronic) notice to our Notice Address within 60 calendar days after your first disbursement. Include your name, address and Social Security Number and state that you opt out of the Arbitration Provision. These procedures must be followed to opt out. Opting out will not affect any other provisions of this Agreement.

This Arbitration Provision governs you, us and "Related Parties": (1) our parents, subsidiaries, affiliates, and their successors and assigns; (2) our employees, directors, officers, shareholders, members and representatives; and (3) any person or entity that is involved in a Dispute you pursue at the same time you pursue a related Dispute with us.

"Disputes" broadly includes all claims, disputes or controversies, whether past, present or future, which arise from or relate to your Application, this Agreement, the Service or the relationships resulting therefrom, including claims based on constitution, statute, regulation, ordinance, contracts, torts, negligence, fraud or other intentional wrongs and equity. It includes data breach claims and claims related to the validity in general of this Agreement. However, disputes about the validity, coverage or scope of this Arbitration Provision or any part thereof are for a court (not an Arbitrator) to decide. Moreover, small claims court actions by you, us or a Related Party are not subject to arbitration, unless they are transferred, removed or appealed to a different court.

Administration. Arbitrations are conducted by, and under the applicable rules of, either the American Arbitration Association ("AAA"), 120 Broadway, 21st Floor, New York, NY 10271, www.adr.org; JAMS, 620 Eighth Avenue, 34th Floor, New York, NY 10018, www.jamsadr.com; or any other administrator agreed to by the parties. If none of these options is available, a court with jurisdiction will pick the administrator or arbitrator, who must abide by the terms of this Arbitration Provision. The Arbitrator must be a lawyer with at least ten years of experience or a retired judge unless you and we otherwise agree. The AAA and JAMS Rules explain how to start an arbitration.

Election. If a party asserts a Dispute in court and the other party elects arbitration, the Dispute shall be arbitrated. Even if all parties have opted to litigate a Dispute in court, you, we or a Related Party may elect arbitration with respect to any Dispute made by a new party or any Dispute later asserted by a party in that lawsuit or in any related or unrelated lawsuit (including a Dispute initially asserted on an individual basis but modified to be asserted on a class, representative, or multi-party basis), without waiving any rights under this Arbitration Provision.

Class Action Waiver. If a Dispute is arbitrated, no party will have the right: (a) to participate in a class action, private attorney general action or other representative action in court or in arbitration, either as a class representative or class member; or (b) to join or consolidate Disputes with Disputes of any other persons or entities. No Arbitrator shall have authority to conduct any arbitration in violation of this provision or to issue any relief that applies to any person or entity other than you, us and/or Related Parties individually.

Governing Law. The Federal Arbitration Act ("FAA") governs this Arbitration Provision. The Arbitrator must follow applicable substantive law, consistent with the FAA, and honor statutes of limitation and privilege rights. The arbitrator may award any damages or other relief

that would apply under applicable law to an individual action brought in court, including, without limitation, punitive damages (governed by Constitutional standards employed by courts) and injunctive, equitable and declaratory relief (but only in favor of the individual party seeking relief and only to the extent necessary to provide relief warranted by that party's individual claim). In the event of any conflict or inconsistency between this Arbitration Provision and the administrator's rules or the Agreement, this Arbitration Provision will govern.

Costs, Hearing, Award. We will pay all filing, administrative, hearing and Arbitrator fees if you act in good faith, cannot get a waiver of such fees, and ask us to pay. If you win an arbitration, we will pay the reasonable fees and costs for your attorneys, experts and witnesses. We will also pay these amounts if required under applicable law or the administrator's rules or if payment is required to enforce this Arbitration Provision. Any in-person arbitration hearing will be held at a place reasonably convenient to you. The Arbitrator's award will be final and binding, except for any appeal rights under the FAA. Any court with jurisdiction may enter judgment upon the Arbitrator's award. No arbitration award involving the parties will have any preclusive effect as to issues or claims in any dispute involving anyone who is not a party to the arbitration, nor will an arbitration award in prior disputes involving other parties have preclusive effect in an arbitration between the parties to this Agreement.

Severability: If any portion of this Arbitration Provision is held to be invalid or unenforceable, the remaining portions shall nevertheless remain in force, subject to two exceptions: (1) If a determination is made that the Class Action Waiver is unenforceable, and that determination is not reversed on appeal, then the Arbitration Provision shall be void in its entirety; and (2) if a determination is made that a public injunctive relief claim may proceed notwithstanding the Class Action Waiver, and that determination is not reversed on appeal, then the public injunctive relief claim will be decided by a court, any individual claims will be arbitrated, and the parties will ask the court to stay the public injunctive relief claim until the other claims have been finally concluded.

12. **JURY TRIAL WAIVER. TO THE EXTENT PERMITTED BY LAW, IF A DISPUTE IS NOT ARBITRATED, YOU AND WE KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO TRIAL BY JURY IN THE EVENT OF COURT LITIGATION ARISING OUT OF OR RELATED TO THIS APPLICATION AND AGREEMENT.**

For questions complaints and concerns, call (888) 782-0860.

Preparer Copy

REFUND DISBURSEMENT SERVICE APPLICATION

In accordance with the attached Refund Disbursement Service Agreement and as indicated in this Application, upon receipt of your federal and/or state refund(s), you authorize MetaBank® to disburse your refund(s) as indicated below:

DISBURSEMENT METHOD FOR REFUND AMOUNTS TO YOU

Disbursement Selection - Please check one box on left to indicate your selection.		Refund Disbursement Fees	
<input type="checkbox"/>	New FasterMoney® Discover Prepaid Card (obtained from your Tax Preparer). Refund Disbursement Fees apply. No monthly fees for the first 30 days after issuance. Card will be issued to Primary Applicant in the case of a joint return. See Cardholder Agreement for complete details, including all other fees, related to use of the prepaid card. Card Envelope Number: _____	1st Deposit:	\$39.95
		Other Deposits:	\$14.00
<input type="checkbox"/>	Paper Check. Refund Disbursement Fees apply. By selecting the paper check option, you authorize and direct us to issue a check payable to you and deliver it to your Tax Preparer or mail it to your address.	1st Deposit:	\$39.95
		Other Deposits:	\$14.00
<input checked="" type="checkbox"/>	ACH Credit (direct deposit) to existing bank account or other prepaid card. Refund Disbursement Fees apply. If disbursement is rejected for any reason such as incorrect account information provided by you, we will disburse via paper check and the paper check fees will apply. By selecting the option for an ACH credit (direct deposit) to an existing bank account, you authorize MetaBank as of the date you sign this Agreement (defined below) to initiate a one-time ACH debit from the personal bank account designated in this Agreement if (i) your federal and state refund proceeds are not sufficient to cover the amount of fees and charges for products or services set forth in this Agreement or your refund proceeds are delayed, and (ii) your Tax Preparer (defined below) has not opted out of this option or has not opted you, specifically, out of this option. This authorized ACH debit will cover such fees as tax preparation, document preparation, and electronic filing fees. You may also cancel this one-time ACH debit by notifying MetaBank at least three (3) business days prior to the date that your account is scheduled to be debited, which will be 05-14-2022 if that date is a Friday or, if that date is not a Friday, the Friday immediately thereafter, by writing to us at: 5501 S. Broadband Lane, Sioux Falls, SD 57108. If you have questions or concerns, please contact MetaBank at 888-782-0860 Bank Routing Number: <u>111000614</u> Account Number: <u>607155865</u>	1st Deposit:	\$39.95
		Other Deposits:	\$14.00
	Type of Account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		

Estimated Itemization of Deductions and Refund Amount Paid to You

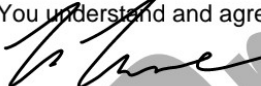
Expected Refund Amount*	\$ <u>8,795.00</u>																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; padding: 5px;">Authorized Fees and Payments Disbursed from Refund</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">(1) Tax Preparation Fees paid to Tax Preparer [(1a)+(1b)+(1c)]</td> <td style="text-align: right; padding: 5px;">\$ 900.00</td> </tr> <tr> <td style="padding: 5px;"> a. Tax Preparation Fees \$ 900.00</td> <td></td> </tr> <tr> <td style="padding: 5px;"> b. E-File Fees \$ 0.00</td> <td></td> </tr> <tr> <td style="padding: 5px;"> c. Other Tax Office Payment \$</td> <td></td> </tr> <tr> <td style="padding: 5px;">(2) Service Bureau Fee paid to</td> <td style="text-align: right; padding: 5px;">\$ 0.00</td> </tr> <tr> <td style="padding: 5px;">(3) Transmitter Fee paid to Drake Software</td> <td style="text-align: right; padding: 5px;">\$ 18.95</td> </tr> <tr> <td style="padding: 5px;">(4) Disbursement Fee(s)† paid to MetaBank®</td> <td style="text-align: right; padding: 5px;">\$ 39.95</td> </tr> <tr> <td style="padding: 5px;">(5) Audit Fee paid to</td> <td style="text-align: right; padding: 5px;">\$ 0.00</td> </tr> <tr> <td style="padding: 5px;">(6) Other Authorized Deductions</td> <td style="text-align: right; padding: 5px;">\$ 0.00</td> </tr> </tbody> </table>	Authorized Fees and Payments Disbursed from Refund		(1) Tax Preparation Fees paid to Tax Preparer [(1a)+(1b)+(1c)]	\$ 900.00	a. Tax Preparation Fees \$ 900.00		b. E-File Fees \$ 0.00		c. Other Tax Office Payment \$		(2) Service Bureau Fee paid to	\$ 0.00	(3) Transmitter Fee paid to Drake Software	\$ 18.95	(4) Disbursement Fee(s)† paid to MetaBank®	\$ 39.95	(5) Audit Fee paid to	\$ 0.00	(6) Other Authorized Deductions	\$ 0.00	
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(6) Other Authorized Deductions	\$ 0.00																				
Estimated Total Deductions** [(1)+(2)+(3)+(4)+(5)+(6)]	- \$ <u>958.90</u>																				
Estimated Refund Amount Paid to You ††	\$ <u>7,836.10</u>																				


- * **Expected Refund Amount** is an estimate based upon the tax information to be filed with the IRS and/or state taxing authority by your Tax Preparer.
- † **Disbursement Fee(s)** include the applicable fees in connection with your selected disbursement option. This amount may be higher if you receive a second deposit, and we only anticipated one deposit (in which case the fees for a second disbursement in connection with your disbursement selection will apply).
- ** **Estimated Total Deductions** are a good faith estimate of associated fees and payments to be disbursed from your Tax Refund. All deductions will be paid upon commencement of disbursement services.
- †† **Estimated Refund Amount Paid to You** equals the **Expected Refund Amount** less the **Estimated Total Deductions** and may be made in multiple disbursements. The amount paid to you may be higher or lower if the refund amounts from the IRS or state taxing authorities differ from the **Expected Refund Amount**.

CERTIFICATIONS:

By signing this Application, you, the Primary Applicant (and Joint Applicant if applicable), hereby certify:

1. The information you have provided is true and accurate.
2. You are at least eighteen (18) years old (or older as required by applicable state law), and have presented to Tax Preparer one of the following valid forms of Picture ID: Driver's License, BMV/DMV State ID, Military ID, Passport, Resident Alien ID, or other Government-Issued Picture ID.
3. **You understand that the Refund Disbursement Service is (i) an optional product offered in exchange for payment of a fee, (ii) not a loan or an extension of credit, (iii) not required in order to file your taxes or receive a Tax Refund.**
4. You received a completed copy of this Application and Agreement, and you have carefully read and considered all of the provisions of this Application and Agreement.
5. You agree that the "Expected Refund Amount," "Authorized Fees and Payments Disbursed from Refund," "Estimated Total Deductions," and "Estimate Refund Amount Paid to You" are good-faith estimates based upon the amount of your tax return filings.
6. You authorize that we make each disbursement specified on the "Authorized Fees and Payments Disbursed from Refund" prior to disbursing the remaining proceeds to you.
7. You have selected the disbursement option above to receive the remaining proceeds from your Tax Refund(s), if any.
8. You have authorized your Tax Preparer to submit this Application on your behalf.
9. You have read, understand, and agree to all of the terms of this Application and Agreement, including the **ARBITRATION PROVISION AND JURY TRIAL WAIVER.**
10. You understand and agree to be bound by the terms of the Refund Disbursement Service Agreement.

x 
 Primary Applicant Signature _____ Date _____

x 
 Joint Applicant Signature _____ Date _____

(Joint Applicant signature required if filing joint return.)

USA PATRIOT ACT DISCLOSURE: IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: In an effort to protect you and our country, the USA PATRIOT Act was signed into law. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens a new account. As such, we ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask for a driver's license or other identifying documents. We will share certain of this information with third parties as necessary to fulfill our obligations and as disclosed in this Application and Agreement.

For questions, complaints and concerns, call toll free at (888) 782-0860.

FACTS	WHAT DOES METABANK®, NATIONAL ASSOCIATION DO WITH YOUR PERSONAL INFORMATION?
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Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
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What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number and Income • Account balances and Transaction history • Credit history and Assets <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>
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How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons MetaBank®, National Association ("MetaBank") chooses to share; and whether you can limit this sharing.
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Reasons we can share your personal information	Does MetaBank share?	Can you limit this sharing?
For our everyday business purposes - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes - to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes - Information about your transactions and experiences	No	We do not share
For our affiliates' everyday business purposes - Information about your creditworthiness	No	We do not share
For our affiliates to market to you	No	We do not share
For nonaffiliates to market to you	No	We do not share

Questions?	Go to www.metabank.com/privacy-policy
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Who we are	
Who is providing this notice?	This privacy policy is provided by MetaBank and applies to MetaBank products and services.

What we do	
How does MetaBank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does MetaBank collect my personal information?	<p>We collect your personal information, for example when you</p> <ul style="list-style-type: none"> • Open an account or Apply for a loan • Make deposits or withdrawals from your account or Provide account information • Make a wire transfer <p>We also may collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes - information about your creditworthiness • Affiliates from using your information to market to you • Sharing for nonaffiliates to market to you <p>State law and individual companies may give you additional rights to limit sharing. [See below for more on your rights under state law.]</p>

Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>MetaBank does not share with our affiliates.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>MetaBank does not share with nonaffiliates so they can market to you.</i>
Joint Marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • <i>Our joint marketing partner(s) include nonaffiliated financial companies that we may partner with to jointly market financial products or services to you.</i>

Other important information	
<p>Special Notice for State Residents</p> <p>Residents of California or Vermont: We will not share with nonaffiliates except for our own marketing purposes, our everyday business purposes, or with your consent.</p> <p>Residents of Nevada: We are providing this notice pursuant to Nevada law.</p>	

Account Transaction Summary

2021

Name(s) as shown on return

MARIO M MONROE & AURORA LOPEZ

Your ID Number

XXX-XX-3684

***** Refund Advantage Bank Product *****

You are getting this message because you have chosen a bank product. A temporary account has been setup by Refund Advantage through which the refund product will be routed:

Account #1

Financial Institution META Bank
Routing Transit Number 291471024
Account Number 22211006070536848
Account Type checking

Federal Main Form
Federal Deposit 8,795

Net Deposit 8,795

The total refund (minus fees if Applicable) will be direct deposited into the customer's chosen bank account:

Routing Transit Number 111000614
Account Number 607155865
Account Type Checking

Refer to your bank product sheet if you applied for an Advance.

***** End of Bank Product *****

PLEASE VERIFY BANK INFORMATION

- 1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize TAX CENTRAL to use this account.

[Signature]

Your Signature

Date

[Signature]

Spouse's Signature (If Married Filing Jointly)

Date