

MTP FINANCIAL SERVICES
4256 CLAUSELL CT
DECATUR GA 30035
(877) 270-9232

CYNTHIA KARGBO
2001 WARRIOR LN
WAUKEE IA 50263
(515) 326-0859

Preparer No.: 995
Client No. : XXX-XX-0890
Invoice Date: 11/12/2025

INVOICE

Description	Amount
PREPARATION OF 2024 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 FORM 1040 SCHEDULE 3 (ADDITIONAL CREDITS AND PAYMENTS) SCHEDULE EIC (EARNED INCOME CREDIT) FORM W-2 (WAGES AND TAX) FORM 2441 (CHILD CARE CREDIT) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) FORM 8812 (QUALIFYING CHILDREN & OTHER DEPENDENTS CREDITS) FORM 8867 (DUE DILIGENCE CHECKLIST) IA STATE RESIDENT RETURN AUDIT PRO DOCUMENT PREPARATION FEE	
These are charges for services rendered and do not include any Bank fees.	Total Invoice \$718.98
	Amount Paid \$0.00
	Balance Due \$718.98

TAX YEAR: 2024
OFFICE : VLK100 - VALIAKU KARGBO

PROCESS DATE: 11/12/2025

CLIENT : XXX-XX-0890 CYNTHIA KARGBO

BIRTH DATE : XX/XX/1977 Age:47

ADDRESS : 2001 WARRIOR LN
: WAUKEE IA 50263

PREPARER : 995

Home : (515) 326-0859
Work :
Cell :

PREPARER FEE : 689.98
ELECTRONIC :
DOC PREP FEE : 29.00
TOTAL FEES : 689.98

STATUS : HEAD OF HOUSEHOLD

FED TYPE:

ST TYPE : Direct Deposit

EFFECTIVE RATE: 0.00%

E-MAIL : cynthiabjerry@gmail.com

DEPENDENT NAME	BIRTH DATE	AGE	SSN	RELATIONSHIP	MONTHS
NYAQUOI KARGBO	XX/XX/2018	6	XXX-XX-4171	SON	12
JEDERIOUS KARGBO	XX/XX/2022	2	XXX-XX-8450	SON	12

LISTING OF FORMS FOR THIS RETURN

FORM 1040
SCHEDEULE 3 (ADDITIONAL CREDITS AND PAYMENTS)
FORM W-2
SCHEDEULE EIC (EARNED INCOME CREDIT)
FORM 2441 (CHILD CARE CREDIT)
FORM 8812 (CREDITS FOR QUALIFYING CHILDREN AND OTHER DEPENDENTS)
FORM 8867 (DUE DILIGENCE CHECKLIST)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
IA STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	IA RESIDENT
FILING STATUS	4	4
TOTAL INCOME	24250	24250
TOTAL ADJUSTMENTS	0	0
ADJUSTED GROSS INCOME	24250	0
DEDUCTIONS	21900	0
EXEMPTIONS	0	0
TAXABLE INCOME	2350	2350
TAX	236	0
CREDITS	236	0
PAYMENTS	9896	3012
REFUND	9896	3012
AMOUNT DUE	0	0
 EARNED INCOME CREDIT	6633	995

DIRECT DEPOSIT INFORMATION

FD - RTN: XXXXX4974	ACCOUNT: XXXXXX2153
IA - RTN: XXXXX4974	ACCOUNT: XXXXXX2153
	AMOUNT: \$3,012.00

CLIENT : CYNTHIA KARGBO

XXX-XX-0890

PREPARER : 995 DATE : 11/12/2025

* W-2 INCOME FORMS SUMMARY *

T/S	EIN	EMPLOYER	WAGES	FEDERAL	FICA	MEDICARE	STATE
				TX/WH	TX/WH	TX/WH	TX/WH ST
1.	T	83-3080968 ARBOR SPRINGS	24250	0	1503	352	667 IA
TOTALS.....			24250	0	1503	352	667

	a Employee's social security number XXX-XX-0890	OMB No. 1545-0008					
b Employer identification number (EIN) 83-3080968			1 Wages, tips, other compensation 24250		2 Federal income tax withheld		
c Employer's name, address, and ZIP code ARBOR SPRINGS 500 N 3RD ST STE 208B FAIRFIELD IA 52556			3 Social security wages 24250		4 Social security tax withheld 1503		
			5 Medicare wages and tips 24250		6 Medicare tax withheld 352		
			7 Social security tips		8 Allocated tips		
d Control number 9			10 Dependent care benefits				
e Employee's first name and initial CYNTHIA Last name KARGBO Suff. 2001 WARRIOR LN WAUKEE IA 50263			11 Nonqualified plans		12a 		
			13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b
			14 Other			12c 	
						12d 	
f Employee's address and ZIP code							
15 State IA	Employer's state ID number 3-03-306007	16 State wages, tips, etc. 24250	17 State income tax 667	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement

2024

Department of the Treasury—Internal Revenue Service

	a Employee's social security number	OMB No. 1545-0008					
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number 9			10 Dependent care benefits				
e Employee's first name and initial CYNTHIA Last name KARGBO Suff. 2001 WARRIOR LN WAUKEE IA 50263			11 Nonqualified plans		12a 		
			13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b
			14 Other			12c 	
						12d 	
f Employee's address and ZIP code							
15 State IA	Employer's state ID number 3-03-306007	16 State wages, tips, etc. 24250	17 State income tax 667	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement

Department of the Treasury—Internal Revenue Service

Third Party Add-on Services

Federal Disclosure

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

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

I authorize MTP FINANCIAL SERVICES:

Authorized Payment-I recognize that MTP Financial Services will deduct the total cost for the total package or individual services from my tax refund. I acknowledge services will begin upon the funding of my current year tax return once payment is rendered.

Cancellation Terms-I understand that these services are non refundable and can not be cancelled once I agree to the terms. I recognize that there will not be any refunds or returns allowed.

Hold Harmless Clause-This agreement is made upon the express condition that MTP Financial Services, its agents and affiliated companies shall be free from all liabilities and claims, regarding services and products rendered. In the event a dispute shall arise between the part
Governing Law-This Agreement shall be governed, construed, and enforced in accordance with the laws of the State of Georgia without regard to its conflict of laws rules.

Taxpayer PIN: 11377

PIN Date 1/16/2025

Signature:

Date:
11/12/2025

Changbo

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

IRS e-file Signature Authorization

OMB No. 1545-0074

- ERO must obtain and retain completed Form 8879.
- Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ► 64893220250190261427

Taxpayer's name CYNTHIA KARGBO	Social security number XXX-XX-0890
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	24250
2 Total tax	2	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4 Amount you want refunded to you	4	9896
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize MTP FINANCIAL SERVICES to enter or generate my PIN
ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

1	0	8	9	0
---	---	---	---	---

as my

Enter five digits, but
don't enter all zerosYour signature ► 

Date ► 11/12/2025

Spouse's PIN: check one box only

- I authorize to enter or generate my PIN
ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

--	--	--	--	--

as my

Enter five digits, but
don't enter all zeros

Spouse's signature ►

Date ►

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

6	4	8	9	3	2	3	0	0	3	5
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► 

Date ► 11/12/2025

**ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1-Dec. 31, 2024, or other tax year beginning , 2024, ending , 20

Your first name and middle initial CYNTHIA	Last name KARGBO	Your social security number XXX-XX-0890			
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instructions. 2001 WARRIOR LN		Apt. no.			
City, town, or post office. If you have a foreign address, also complete spaces below. WAUKEE		State IA			
ZIP code 50263					
Foreign country name	Foreign province/state/county	Foreign postal code			
		<input type="checkbox"/> You <input type="checkbox"/> Spouse			
Filing Status	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Head of household (HOH)				
Check only one box.	<input type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately (MFS) <input type="checkbox"/> Qualifying surviving spouse (QSS)				
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____					
<input type="checkbox"/> If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____					
Digital Assets	At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)				
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Standard Deduction	Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien				
Age/Blindness	You: <input type="checkbox"/> Were born before January 2, 1960 <input type="checkbox"/> Are blind	Spouse: <input type="checkbox"/> Was born before January 2, 1960 <input type="checkbox"/> Is blind			
Dependents (see instructions): If more than four dependents, see instructions and check here . . . <input type="checkbox"/>	(1) First name NYAQUOI	Last name KARGBO	(2) Social security number XXX-XX-4171	(3) Relationship to you SON	(4) Check the box if qualifies for (see instructions): Child tax credit <input checked="" type="checkbox"/> Credit for other dependents
	JEDERIOUS	KARGBO	XXX-XX-8450	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"/>	<input type="checkbox"/> <input type="checkbox"/>
Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	24250		
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	b Household employee wages not reported on Form(s) W-2	1b			
If you did not get a Form W-2, see instructions.	c Tip income not reported on line 1a (see instructions)	1c			
Attach Sch. B if required.	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d			
Standard Deduction for—	e Taxable dependent care benefits from Form 2441, line 26	1e			
• Single or Married filing separately, \$14,600	f Employer-provided adoption benefits from Form 8839, line 29	1f			
• Married filing jointly or Qualifying surviving spouse, \$29,200	g Wages from Form 8919, line 6	1g			
• Head of household, \$21,900	h Other earned income (see instructions)	1h			
If you checked any box under Standard Deduction, see instructions.	i Nontaxable combat pay election (see instructions)	1i			
	z Add lines 1a through 1h	1z	24250		
	2a Tax-exempt interest	2a			
	3a Qualified dividends	3a			
	4a IRA distributions	4a			
	5a Pensions and annuities	5a			
	6a Social security benefits	6a			
	c If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		<input type="checkbox"/>		
	8 Additional income from Schedule 1, line 10				
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income				
	10 Adjustments to income from Schedule 1, line 26				
	11 Subtract line 10 from line 9. This is your adjusted gross income				
	12 Standard deduction or itemized deductions (from Schedule A)				
	13 Qualified business income deduction from Form 8995 or Form 8995-A				
	14 Add lines 12 and 13				
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2024)

QNA

Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> . . .	16 236		
	17 Amount from Schedule 2, line 3	17		
	18 Add lines 16 and 17	18 236		
	19 Child tax credit or credit for other dependents from Schedule 8812	19		
	20 Amount from Schedule 3, line 8	20 236		
	21 Add lines 19 and 20	21 236		
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22 0		
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23 0		
	24 Add lines 22 and 23. This is your total tax	24 0		
Payments	25 Federal income tax withheld from:			
	a Form(s) W-2	25a		
	b Form(s) 1099	25b		
	c Other forms (see instructions)	25c		
	d Add lines 25a through 25c	25d		
	26 2024 estimated tax payments and amount applied from 2023 return	26		
	27 Earned income credit (EIC)	27 6633		
	28 Additional child tax credit from Schedule 8812	28 3263		
	29 American opportunity credit from Form 8863, line 8	29		
	30 Reserved for future use	30		
	31 Amount from Schedule 3, line 15	31		
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32 9896		
	33 Add lines 25d, 26, and 32. These are your total payments	33 9896		
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34		
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a		
Direct deposit? See instructions.	b Routing number X X X X X 4 9 7 4 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number X X X X X 2 1 5 3			
	36 Amount of line 34 you want applied to your 2025 estimated tax	36		
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38 Estimated tax penalty (see instructions)	38		
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions			
	<input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
	Designee's name VALIAKU KARGBO	Phone no. 877-270-9232	Personal identification number (PIN) 3 0 0 3 5	
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.			
Joint return? See instructions. Keep a copy for your records.	Your signature 	Date 11/12/25	Your occupation DIETARY AIDE	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	Phone no. (515) 326-0859	Email address cynthiabjerry@gmail.com		
Paid Preparer Use Only	Preparer's name VALIAKU KARGBO	Preparer's signature 	Date 11/12/25 PTIN P01011326	Check if: <input type="checkbox"/> Self-employed
	Firm's name MTP FINANCIAL SERVICES		Phone no. 877-270-9232	
	Firm's address 4256 CLAUSELL CT DECATUR GA 30035		Firm's EIN 83-2071099	

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2024)

QNA

SCHEDULE 3
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Credits and Payments**Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2024Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

CYNTHIA KARGBO

Your social security number

XXX-XX-0890

Part I Nonrefundable Credits

1 Foreign tax credit. Attach Form 1116 if required	1
2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2 236
3 Education credits from Form 8863, line 19	3
4 Retirement savings contributions credit. Attach Form 8880	4
5a Residential clean energy credit from Form 5695, line 15	5a
b Energy efficient home improvement credit from Form 5695, line 32	5b
6 Other nonrefundable credits:	
a General business credit. Attach Form 3800	6a
b Credit for prior year minimum tax. Attach Form 8801	6b
c Adoption credit. Attach Form 8839	6c
d Credit for the elderly or disabled. Attach Schedule R	6d
e Reserved for future use	6e
f Clean vehicle credit. Attach Form 8936	6f
g Mortgage interest credit. Attach Form 8396	6g
h District of Columbia first-time homebuyer credit. Attach Form 8859	6h
i Qualified electric vehicle credit. Attach Form 8834	6i
j Alternative fuel vehicle refueling property credit. Attach Form 8911	6j
k Credit to holders of tax credit bonds. Attach Form 8912	6k
l Amount on Form 8978, line 14. See instructions	6l
m Credit for previously owned clean vehicles. Attach Form 8936	6m
z Other nonrefundable credits. List type and amount: _____	6z
7 Total other nonrefundable credits. Add lines 6a through 6z	7
8 Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8 236

Part II Other Payments and Refundable Credits

9 Net premium tax credit. Attach Form 8962	9
10 Amount paid with request for extension to file (see instructions)	10
11 Excess social security and tier 1 RRTA tax withheld	11
12 Credit for federal tax on fuels. Attach Form 4136	12
13 Other payments or refundable credits:	
a Form 2439	13a
b Section 1341 credit for repayment of amounts included in income from earlier years	13b
c Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c
d Deferred amount of net 965 tax liability (see instructions)	13d
z Other refundable credits (see instructions): _____	13z
14 Total other payments or refundable credits. Add lines 13a through 13z	14
15 Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2024

QNA

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleA for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. 07

Name(s) shown on Form 1040 or 1040-SR

CYNTHIA KARGBO

Your social security number
XXX-XX-0890

**Medical
and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions)
- 2 Enter amount from Form 1040 or 1040-SR, line 11 **2**
- 3 Multiply line 2 by 7.5% (0.075)
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

1

3

4

**Taxes You
Paid**

- 5 State and local taxes.
 - a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box
 - b State and local real estate taxes (see instructions)
 - c State and local personal property taxes
 - d Add lines 5a through 5c
 - e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)
 - 6 Other taxes. List type and amount: _____

5a

667

5b

5c

5d

667

5e

667

6

- 7 Add lines 5e and 6

7

667

**Interest
You Paid**

Caution: Your mortgage interest deduction may be limited. See instructions.

- 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box
- a Home mortgage interest and points reported to you on Form 1098. See instructions if limited
- b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address
- c Points not reported to you on Form 1098. See instructions for special rules
- d Reserved for future use
- e Add lines 8a through 8c
- 9 Investment interest. Attach Form 4952 if required. See instructions
- 10 Add lines 8e and 9

8a

8b

8c

8d

8e

9

10

**Gifts to
Charity**

Caution: If you made a gift and got a benefit for it, see instructions.

- 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions
- 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500
- 13 Carryover from prior year
- 14 Add lines 11 through 13

11

12

13

14

**Casualty and
Theft Losses**

- 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions

15

**Other
Itemized
Deductions**

- 16 Other—from list in instructions. List type and amount: _____

16

**Total
Itemized
Deductions**

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box

17

667

Child and Dependent Care Expenses

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form2441 for instructions and the latest information.2024
Attachment
Sequence No. 21

Name(s) shown on return

CYNTHIA KARGBO

Your social security number
XXX-XX-0890**A** You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box **B** If you or your spouse was a student or was disabled during 2024 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box **Part I Persons or Organizations Who Provided the Care—You must complete this part.**If you have more than three care providers, see the instructions and check this box

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2024? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
LUCKY GARKPEE	6430 MERLE HAY RD JOHNSTON IA 50131	XXX-XX-6086	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7000
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you receive dependent care benefits?	No	Complete only Part II below.
	Yes	Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2024 but didn't pay them until 2025, or if you prepaid in 2024 for care to be provided in 2025, don't include these expenses in column (d) of line 2 for 2024. See the instructions.

Part II Credit for Child and Dependent Care Expenses2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box

First	Last	(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2024 for the person listed in column (a)
NYAQUOI	KARGBO	XXX-XX-4171	<input type="checkbox"/>	3000
JEDERIOUS	KARGBO	XXX-XX-8450	<input type="checkbox"/>	4000

- 3 Add the amounts in column (d) of line 2. **Don't** enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31
- 4 Enter your **earned income**. See instructions
- 5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4
- 6 Enter the **smallest** of line 3, 4, or 5
- 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 **7** 24250
- 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

If line 7 is:

Over But not over Decimal amount is

If line 7 is:

Over But not over Decimal amount is

If line 7 is:

Over But not over Decimal amount is

\$0–15,000

15,000–17,000

17,000–19,000

19,000–21,000

21,000–23,000

23,000–25,000

.35

.34

.33

.32

.31

.30

\$25,000–27,000

27,000–29,000

29,000–31,000

31,000–33,000

33,000–35,000

35,000–37,000

.29

.28

.27

.26

.25

.24

\$37,000–39,000

39,000–41,000

41,000–43,000

43,000–No limit

.23

.22

.21

.20

- 9a Multiply line 6 by the decimal amount on line 8
- b If you paid 2023 expenses in 2024, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c
- c Add lines 9a and 9b and enter the result
- 10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **10** 236
- 11 Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2

3	6000
4	24250
5	24250
6	6000
8	X .30
9a	1800
9b	
9c	1800
11	236

**SCHEDULE EIC
(Form 1040)**Department of the Treasury
Internal Revenue Service**Earned Income Credit**

Qualifying Child Information

OMB No. 1545-0074

Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
Go to www.irs.gov/ScheduleEIC for the latest information.

2024Attachment
Sequence No. **43**

Name(s) shown on return

CYNTHIA KARGBO

Your social security number
XXX-XX-0890If you are separated from your spouse, filing a separate return, and meet the requirements to claim the EIC (see instructions), check here **Before you begin:**

- See the instructions for Form 1040, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child. See also Pub. 596.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information**Child 1****Child 2****Child 3**

1 Child's name	First name JEDERIOUS KARGBO	Last name NYAQUOI KARGBO	First name	Last name
2 Child's SSN				
The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2024 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2024 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	XXX-XX-8450	XXX-XX-4171		
3 Child's year of birth	Year 2 0 2 2 <i>If born after 2005 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year 2 0 1 8 <i>If born after 2005 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year _____ <i>If born after 2005 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4a Was the child under age 24 at the end of 2024, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i>	
b Was the child permanently and totally disabled during any part of 2024?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.	
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	SON	SON		
6 Number of months child lived with you in the United States during 2024	12 months <i>Do not enter more than 12 months.</i>	12 months <i>Do not enter more than 12 months.</i>	_____ months <i>Do not enter more than 12 months.</i>	

Credits for Qualifying Children
and Other DependentsAttach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Schedule8812 for instructions and the latest information.

2024

Attachment
Sequence No. 47

Name(s) shown on return

Your social security number

XXX-XX-0890

CYNTHIA KARGBO

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	24250
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	24250
4	Number of qualifying children under age 17 with the required social security number	4	2
5	Multiply line 4 by \$2,000	5	4000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	4000
9	Enter the amount shown below for your filing status.	9	200000
• Married filing jointly—\$400,000	{	10	
• All other filing statuses—\$200,000		11	
10	Subtract line 9 from line 3.	12	4000
• If zero or less, enter -0-.		13	
• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	{	14	
11	Multiply line 10 by 5% (0.05)		
12	Is the amount on line 8 more than the amount on line 11?		
<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A		
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	<input type="checkbox"/>
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a 4000
b	Number of qualifying children under age 17 with the required social security number: <u>2</u> x \$1,700. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b 3400
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.	17 3400
17	Enter the smaller of line 16a or line 16b	
18a	Earned income (see instructions)	18a 24250
b	Nontaxable combat pay (see instructions)	18b
19	Is the amount on line 18a more than \$2,500?	
	<input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20.	
	<input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19 21750
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20 3263
	Next. On line 16b, is the amount \$5,100 or more?	
	<input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.	
	<input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.	21
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22
23	Add lines 21 and 22	23
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24
25	Subtract line 24 from line 23. If zero or less, enter -0-	25
26	Enter the larger of line 20 or line 25	26
	Next, enter the smaller of line 17 or line 26 on line 27.	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27 3263
QNA		

Paid Preparer's Due Diligence Checklist

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

OMB No. 1545-0074

For tax year
20 24Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

CYNTHIA KARGBO

Preparer's name

VALIAKU KARGBO

Taxpayer identification number

XXX-XX-0890

Preparer tax identification number

P01011326

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply).

 EIC CTC/ACTC/ODC AOTC HOH

- 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? Yes No N/A
- 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? Yes No N/A
- 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.
 - Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.
 - Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)
- 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) Yes No
- a Did you make reasonable inquiries to determine the correct, complete, and consistent information? Yes No
- b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) Yes No
- 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) Yes No

List those documents provided by the taxpayer, if any, that you relied on:

- 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? Yes No
- 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? Yes No
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)
- a Did you complete the required recertification Form 8862? Yes No
- If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? Yes No

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (Rev. 11-2024)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Form **9325**
(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name CYNTHIA KARGBO

Taxpayer address (optional)

2001 WARRIOR LN

WAUKEE, IA 50263

1. Your federal income tax return for 2024 was filed electronically with the AUSTIN Submission Processing Center. The electronic filing services were provided by MTP FINANCIAL SERVICES.
2. Your return was accepted on 01/21/2025 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 64893220250190261427
3. Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

Credit Limit Worksheet

Complete this worksheet to figure the amount to enter on line 10.

1. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 1. _____ 236
2. Enter the amount from Schedule 3 (Form 1040), line 1 (foreign tax credit) and line 6l (Form 8978, line 14) 2. _____
3. Subtract line 2 from line 1. Also enter this amount on Form 2441, line 10. But if zero or less, stop; you can't take the credit 3. _____ 236

Credit Limit Worksheet A

1. Enter the amount from line 18 of your Form 1040, 1040-SR, or 1040-NR.

1	236
---	-----

2. Add the following amounts (if applicable) from:

Schedule 3, line 1	+	_____
Schedule 3, line 2	+	236
Schedule 3, line 3	+	_____
Schedule 3, line 4	+	_____
Schedule 3, line 6d	+	_____
Schedule 3, line 6e	+	_____
Schedule 3, line 6f	+	_____
Schedule 3, line 6l	+	_____
Form 5695, line 30	+	_____

Enter the total.	236
------------------	-----

3. Subtract line 2 from line 1.

3	
---	--

Complete the Credit Limit Worksheet B **only** if you meet all of the following.

1. You are claiming one or more of the following credits.
 - a. Mortgage interest credit, Form 8396.
 - b. Adoption credit, Form 8839.
 - c. Residential clean energy credit, Form 5695, Part I.
 - d. District of Columbia first-time homebuyer credit, Form 8859.
2. You are not filing Form 2555.
3. Line 4 of Schedule 8812 is more than zero.

4. If you are **not** completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet B.

4	
---	--

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13.

5	
---	--

Dependent Information:

Name....: NYAQUOI KARGBO
SSN.....: XXX-XX-4171 Relationship.....: SON
Student.: NO School Attended...:
Disabled: NO Type of Disability:
Notes...:

Dependent Information:

Name....: JEDERIOUS KARGBO
SSN.....: XXX-XX-8450 Relationship.....: SON
Student.: NO School Attended...:
Disabled: NO Type of Disability:
Notes...:

Due Diligence Notes:

Paid Preparer's Earned Income Credit Checklist

DO NOT MAIL

Taxpayer name(s) shown on return
CYNTHIA KARGBO

Taxpayer's social security number
XXX-XX-0890

For the definitions of **Qualifying Child** and **Earned Income**, see **Pub. 596**.

Part I All Taxpayers

1 Enter preparer's name and PTIN ► VALIAKU KARGBO P01011326	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2 Is the taxpayer's filing status married filing separately? ► If you checked " Yes " on line 2, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 ► If you checked " No " on line 3, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4 Is the taxpayer (or the taxpayer's spouse if filing jointly) filing Form 2555 or 2555-EZ (relating to the exclusion of foreign earned income)? ► If you checked " Yes " on line 4, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5a Was the taxpayer (or the taxpayer's spouse) a nonresident alien for any part of 2024 ? ► If you checked " Yes " on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Is the taxpayer's filing status married filing jointly? ► If you checked " Yes " on line 5a and " No " on line 5b, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6 Is the taxpayer's investment income more than \$3,600? See the instructions before answering. ► If you checked " Yes " on line 6, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7 Could the taxpayer be a qualifying child of another person for 2024 ? If the taxpayer's filing status is married filing jointly, check " No ." Otherwise, see instructions before answering ► If you checked " Yes " on line 7, stop ; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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.

- 8 Child's name

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?

10 Was the child unmarried at the end of 2024 ?
If the child was married at the end of 2024 , see the instructions before answering

11 Did the child live with the taxpayer in the United States for over half of 2024 ?
See the instructions before answering

12 Was the child (at the end of 2024)—
• 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; see the instructions for line 12.

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 the only other person is the taxpayer's spouse, see the instructions before answering.)
► If you checked “**No**” on line 13a, go to line 14. Otherwise, go to line 13b.
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? See the instructions before answering
► 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 there is more than one child, see the **Note** at the bottom of this page. 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. If there is more than one child, see the **Note** at the bottom of this page.

14 Does the qualifying child have an SSN that allows him or her to work and is valid for EIC purposes? See the instructions before answering
► 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, see the **Note** at the bottom of this page. If you checked “**Yes**” on line 14, continue.

15 Are the taxpayer's **earned income** and **adjusted gross income** each less than the limit that applies to the taxpayer for 2024 ? See instructions

Child 1	Child 2	Child 3
JEDERIOUS KARGBO	NYAQUOI KARGBO	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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 <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
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Worksheet A—2024 EIC—Line 27

Keep for Your Records



Before you begin: ✓ Be sure you are using the correct worksheet. Use this worksheet only if you answered “No” to Step 5, question 2. Otherwise, use Worksheet B.

Part 1**All Filers Using Worksheet A**

1. Enter your earned income from Step 5. 1 24250

2. Look up the amount on line 1 above in the EIC Table (right after Worksheet B) to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN as defined earlier. Enter the credit here.

If line 2 is zero, You can't take the credit.
Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 27.

3. Enter the amount from Form 1040 or 1040-SR, line 11. 3 24250

4. Are the amounts on lines 3 and 1 the same?

Yes. Skip line 5; enter the amount from line 2 on line 6.

No. Go to line 5.

5. If you have:

- No qualifying children who have a valid SSN, is the amount on line 3 less than \$10,330 (\$17,250 if married filing jointly)?
- 1 or more qualifying children who have a valid SSN, is the amount on line 3 less than \$22,720 (\$29,640 if married filing jointly)?

Yes. Leave line 5 blank; enter the amount from line 2 on line 6.

No. Look up the amount on line 3 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here.
Look at the amounts on lines 5 and 2.
Then, enter the **smaller** amount on line 6.

5	
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Part 2**Filers Who Answered “No” on Line 4**

6. This is your earned income credit. 6 6633

6	
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Enter this amount on
Form 1040 or 1040-SR,
line 27.

Reminder—

- ✓ If you have a qualifying child, complete and attach Schedule EIC.



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2024.

Worksheet B—2024 EIC—Line 27

Keep for Your Records

**Use this worksheet if you answered “Yes” to Step 5, question 2.**

- ✓ Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- ✓ If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1**Self-Employed,
Members of the
Clergy, and
People With
Church Employee
Income Filing
Schedule SE**

- 1a. Enter the amount from Schedule SE, Part I, line 3. 1a
- b. Enter any amount from Schedule SE, Part I, line 4b and line 5a. + 1b
- c. Combine lines 1a and 1b. = 1c
- d. Enter the amount from Schedule SE, Part I, line 13. - 1d
- e. Subtract line 1d from line 1c. = 1e

Part 2**Self-Employed
NOT Required
To File
Schedule SE**

For example, your net earnings from self-employment were less than \$400.

2. Don't include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.
- a. Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*. 2a
- b. Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*. + 2b
- c. Combine lines 2a and 2b. = 2c

**If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Part I. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.*

Part 3**Statutory Employees
Filing Schedule C**

3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee. 3

Part 4**All Filers Using
Worksheet B**

Note. If line 4b includes income on which you should have paid self-employment tax but didn't, we may reduce your credit by the amount of self-employment tax not paid.

- 4a. Enter your earned income from Step 5. 4a 24250
 - b. Combine lines 1e, 2c, 3, and 4a. **This is your total earned income.** 4b 24250
- If line 4b is zero or less, You can't take the credit. Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 27.
5. If you have:
 - 3 or more qualifying children who have valid SSNs, is line 4b less than \$59,899 (\$66,819 if married filing jointly)?
 - 2 qualifying children who have valid SSNs, is line 4b less than \$55,768 (\$62,688 if married filing jointly)?
 - 1 qualifying child who has a valid SSN, is line 4b less than \$49,084 (\$56,004 if married filing jointly)?
 - No qualifying children who have valid SSNs, is line 4b less than \$18,591 (\$25,511 if married filing jointly)?
- Yes.** If you want the IRS to figure your credit, see *Credit figured by the IRS*, earlier. If you want to figure the credit yourself, enter the amount from line 4b on line 6 of this worksheet.
- No.** You can't take the credit. Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 27.

Worksheet B –2024 EIC—Line 27—Continued

Keep for Your Records

**Part 5****All Filers Using Worksheet B**

6. Enter your total earned income from Part 4, line 4b.

6	24250
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7. Look up the amount on line 6 above in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here.

7	6633
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If line 7 is zero, You can't take the credit.
Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 27.

8. Enter the amount from Form 1040 or 1040-SR, line 11.

8	24250
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9. Are the amounts on lines 8 and 6 the same?

Yes. Skip line 10; enter the amount from line 7 on line 11.

No. Go to line 10.

Part 6**Filers Who Answered "No" on Line 9**

10. If you have:

- No qualifying children who have a valid SSN, is the amount on line 8 less than \$10,330 (\$17,250 if married filing jointly)?
- 1 or more qualifying children who have a valid SSN, is the amount on line 8 less than \$22,720 (\$29,640 if married filing jointly)?

Yes. Leave line 10 blank; enter the amount from line 7 on line 11.

No. Look up the amount on line 8 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here.

Look at the amounts on lines 10 and 7.

Then, enter the **smaller** amount on line 11.

10	
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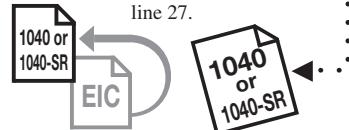
Part 7**Your Earned Income Credit**

11. This is your earned income credit.

11	6633
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Enter this amount on Form 1040 or 1040-SR, line 27.

✓ If you have a qualifying child, complete and attach Schedule EIC.



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2024.

PATHWARD, 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	Could take 5 weeks or more	You Pay Preparer Directly
Paper Return	IRS Direct Deposit	Could take 4 weeks or more	You Pay Preparer Directly
E-File	IRS Issued Check	Within 28 days	You Pay Preparer Directly
E-File	IRS Direct Deposit	Within 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 Pathward, 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**	Within 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® Visa Prepaid Card (obtained from your Tax Preparer). Refund Disbursement Fees apply. No fees for Refund Advance Loan disbursements. No in-network ATM fees when receiving Refund Advance Loan disbursement on card. 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.	1 st 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. If you present your paper check for payment after December 31, 2025, or more than 90 days from its issue date, the funds will no longer be valid and may result in additional fees imposed by your bank.	1 st Deposit: \$39.95 Other Deposits: \$14.00
ACH Credit (direct deposit) to existing bank account or other prepaid card. Rejected disbursements will be disbursed via paper check and the paper check fees will apply.	1 st Deposit: \$39.95 Other Deposits: \$14.00
By selecting the option for an ACH credit (direct deposit) to an existing bank account, you authorize Pathward 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 Pathward at least three (3) business days prior to the date that your account is scheduled to be debited, which will be set forth in an email sent to you no less than three (3) business days prior to the debit occurring. You may cancel the one-time ACH debit by writing to us at: 5501 S. Broadband Lane, Sioux Falls, SD 57108. If you have questions or concerns, please contact Pathward at 888-782-0860.	

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 Pathward, N.A., visit: www.myfastermoney.com
- 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.

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 "Pathward" "we," "us," and "our" mean Pathward, National Association.

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 2024 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 2024 tax return and refund information to offer the Services. You authorize us to share your 2024 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 (a) preparing and/or filing your return, (b) handling or delivering of any check or Prepaid Card as required herein, or (c) 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.

THIS ARBITRATION PROVISION AND THE JURY TRIAL WAIVER SET FORTH BELOW DO NOT APPLY IF, AS OF THE DATE OF THIS AGREEMENT, YOU ARE A MEMBER OF THE ARMED FORCES OR A DEPENDENT OF SUCH MEMBER COVERED BY THE FEDERAL MILITARY LENDING ACT.

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.

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 Pathward 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® Visa Prepaid Card (obtained from your Tax Preparer). Refund Disbursement Fees apply. No fees for Refund Advance Loan disbursements. No in-network ATM fees when receiving Refund Advance Loan disbursement on card. 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.	1 st Deposit:	\$39.95
	Card Envelope Number:	Other Deposits:	\$14.00
<input type="checkbox"/>	Paper Check. Refund Disbursement Fees apply. No fees for Refund Advance Loan disbursements. 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. If you present your paper check for payment after December 31, 2025, or more than 90 days from its issue date, the funds will no longer be valid and may result in additional fees imposed by your bank.	1 st Deposit:	\$39.95
<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 Pathward 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 Pathward at least three (3) business days prior to the date that your account is scheduled to be debited, which will be set forth in an email sent to you no less than three (3) business days prior to the debit occurring. You may cancel the one-time ACH debit by writing to us at: 5501 S. Broadband Lane, Sioux Falls, SD 57108. If you have questions or concerns, please contact Pathward at 888-782-0860. Bank Routing Number: XXXXX4974 Account Number: XXXXXX2153	1 st Deposit:	\$39.95
	Type of Account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	Other Deposits:	\$14.00

Estimated Itemization of Deductions (excluding Refund Advance Loan Payment, if Applicable) and Refund Amount Paid to You

Expected Refund Amount*		\$ 9,896.00
Authorized Fees and Payments Disbursed from Refund		
(1) Tax Preparation Fees paid to Tax Preparer [(1a) + (1b) + (1c)]		\$ 718.98
a. Tax Preparation Fees	\$ 689.98	
b. E-File Fees	\$ 0.00	
c. Other Tax Office Payment	\$ 29.00	
(2) Service Bureau Fee paid to Service Bureau		\$ 99.00
(3) Transmitter Fee paid to Transmitter		\$ 317.00
(4) Disbursement Fee(s) [†] paid to Pathward		\$ 39.95
(5) Audit Fee paid to		\$ 0.00
(6) Other Authorized Deductions		\$ 0.00
Estimated Total Deductions** [(1)+(2)+(3)+(4)+(5)+(6)]		- \$ 1,174.93
Estimated Refund Amount Paid to You^{††}		\$ 8,721.07

* **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, but do **not** include the loan payment to Pathward for any approved Refund Advance Loan. All deductions, including any Refund Advance Loan payment, 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**. PLEASE NOTE IF YOU ARE APPROVED FOR A REFUND ADVANCE LOAN, THEN THE AMOUNT PAID TO YOU WILL BE REDUCED BY THE LOAN PAYMENT DUE AND OWING TO PATHWARD. PLEASE ALSO NOTE IF YOU RECEIVED A REFUND ADVANCE LOAN FROM US DURING A PRIOR YEAR AND ANY SUCH LOAN(S) WAS NOT REPAYED IN FULL, THEN WE MAY OFFSET SUCH OUTSTANDING AMOUNTS USING YOUR 2024 TAX REFUND(S), UNLESS PROHIBITED BY APPLICABLE LAW.

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, and (iv) not required to apply for a Refund Advance Loan.**
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, but do **NOT** include the loan payment to Pathward for any approved Refund Advance Loan. Therefore, if you are approved for a Refund Advance Loan, then the estimated amount paid to you will be reduced by the loan payment due and owing to Pathward.
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. If you are approved for a Refund Advance Loan, you authorize that we disburse payment of the loan 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, unless you are a covered borrower under the federal Military Lending Act.**
10. You understand and agree to be bound by the terms of the Refund Disbursement Service Agreement.

x 
Primary Applicant Signature

11/12/2025
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 DO PATHWARD FINANCIAL, INC. AND PATHWARD, NATIONAL ASSOCIATION DO WITH YOUR PERSONAL INFORMATION?

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.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

Social Security number and income
Account balances and transaction history
Credit history and assets
When you are *no longer* our customer, we continue to share your information as described in this notice.

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 Pathward Financial, Inc. and Pathward, National Association choose to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Pathward 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?

Call 833-898-0023 or go to www.pathwardprivacypolicy.com

Page 2**Who we are**

Who is providing this notice?	Pathward Financial, Inc., and Pathward, National Association (together, "Pathward").
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What we do

How does Pathward 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. We also maintain other physical, electronic and procedural safeguards to protect this information and we limit access to information to those employees for whom access is appropriate
How does Pathward collect my personal information?	We collect your personal information, for example, when you Open an account or apply for a loan Make deposits or withdrawals from your account or provide account information Make a wire transfer We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only 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 State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions

Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. <i>Pathward does not share with affiliates.</i>
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. <i>Pathward does not share with nonaffiliates so they can market to you.</i>
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <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

For California and Vermont Residents: We will not share personal information we collect about you with affiliated and nonaffiliated third parties, except as permitted by law, including, for example, for our own marketing purposes, our everyday business purposes, or with your consent.

For Vermont Residents: We will not share your credit information or information about your creditworthiness, transactions, or experience, other than as permitted by Vermont law, unless you authorize us to make those disclosures.

For Nevada Residents: We are providing you this notice under state law. You may be placed on our internal Do Not Call List by contacting the Privacy Department and requesting an Opt Out of Marketing. If you would like more information about our telemarketing practices and the Nevada Law, you may contact us at Pathward, N.A., Attn: Privacy Department, 5501 S. Broadband Lane, Sioux Falls, South Dakota 57108, and phone number: 833-898-0023. For more information on this law, you may contact Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington Ave., Suite 3900, Las Vegas, NV 89101; phone number: 702.486.3132; email: aginfo@ag.nv.gov.

REFUND ADVANCE LOAN DISCLOSURE

Customer Service Contact Information (Subject to Change Upon Notice to You):

Pathward, National Association, Attn: Refund Advance, PO Box 91607, Sioux Falls SD 57109 ("Customer Service Address") Customer Service Calls may be made to our Servicer (888) 782-0860 ("Customer Service Number")

Pathward, National Association ("Pathward") offers a Refund Advance Loan for qualified customers starting January 2, 2025. Pathward's Refund Advance Loan is available to qualifying customers in 6 different loan options based upon your expected tax refund, with pricing that includes both no-cost (interest free) options and interest-bearing options. The amount of a Refund Advance Loan may be \$250, \$500, \$1,000, 25% of your expected tax refund, 50% of your expected tax refund, or 75% of your expected refund. Refund Advance Loans arranged for \$250, \$500 or \$1,000 are offered at no cost to you. Refund Advance Loans arranged for 25%, 50% or 75% of your expected tax refund are interest-bearing with an estimated APR of 36%. Unless you request only the \$250, \$500 and \$1,000 no-cost amounts, Pathward will underwrite you for all 6 separate loan amounts (decisioning you for the highest amount) and will notify you of its decision. Pathward cannot make a final decision on your loan application until your Tax Preparer has been provided with the tax forms necessary to prepare your tax return, and your tax return is completed. To be approved for a Refund Advance Loan, you must meet all of our underwriting criteria. Your Refund Advance Loan payment will be deducted from your Tax Refund proceeds and will reduce the amount you can expect to receive from a Tax Refund. Outlined below are the Refund Advance Loans offered to qualified customers:

\$250 Refund Advance Loan	Loan Amount set at \$250	No interest is charged.
\$500 Refund Advance Loan	Loan Amount set at \$500	No interest is charged.
\$1,000 Refund Advance Loan	Loan Amount set at \$1,000	No interest is charged.
Refund Advance Loan set at 25% of expected refund	Minimum Loan Amount \$1,250 Maximum Loan Amount \$7,000	Interest accrues daily, and the estimated APR is 36%.
Refund Advance Loan set at 50% of expected refund	Minimum Loan Amount \$1,250 Maximum Loan Amount \$7,000	Interest accrues daily, and the estimated APR is 36%.
Refund Advance Loan set at 75% of expected refund	Minimum Loan Amount \$1,250 Maximum Loan Amount \$7,000	Interest accrues daily, and the estimated APR is 36%.

FREQUENTLY ASKED QUESTIONS (FAQS) ABOUT REFUND ADVANCE LOANS

Is the money received from Pathward the customer's actual tax refund or a loan?	The money you receive from Pathward is a loan and is <u>not</u> your actual tax refund. The Loan is a single advance of funds and not to be used on a long-term basis. The loan must be repaid according to the contract terms. You may consult the IRS Web site (www.irs.gov) or the applicable tax authority for information about tax refund processing.
Who is making and underwriting the loan?	Pathward, N.A., member FDIC, headquartered at 5501 South Broadband Lane, Sioux Falls, South Dakota 57108.
What kind of Refund Advance Loans ("Loans") are offered?	We offer no-cost (interest free) Loans and interest-bearing Loans.
What are the amounts of the no-cost (interest free) Loans?	\$250, \$500 or \$1,000. There are no fees, setup costs, transaction costs or interest for the no-cost Loans.
What are the amounts of interest-bearing Loan amounts?	We offer interest-bearing Loan amounts to qualifying customers set at 25%, 50% or 75% of your expected refund, with a minimum loan amount of \$1,250 and a maximum loan amount of \$7,000.
How much does the interest-bearing Loan cost?	Our interest-bearing Loans have an estimated Annual Percentage Rate (APR) of 36%. See your contract documents for specific terms and conditions.
Can I apply for <u>only</u> a no-cost (interest free) Loan?	Yes. You may apply for <u>only</u> the no-cost Loan of \$250, \$500 or \$1,000. If approved, you will only receive one no-cost Loan.
Can I get both a no-cost (interest free) Loan and an interest-bearing Loan?	No. Qualified customers may receive <u>either</u> a no-cost Loan <u>or</u> an interest-bearing Loan.
How does the application process work if I only want the no-cost (interest free) Loan?	The application will ask if you want to apply only for a no-cost Loan or if you also want to apply for both a no-cost Loan and an interest-bearing Loan. If you want to apply for only the no-cost Loan, then you will sign and submit an application as well as a conditional Refund Advance Loan agreement.
What happens if a Loan request for the no-cost (interest free) Loan is denied?	If you request only a no-cost Loan and are denied, then Pathward will send you a letter about its decision.
How does the application process work if I want an interest-bearing Loan?	Customers applying for an interest-bearing Loan will sign and submit an application for the no-cost Loan (available for \$250, \$500 and \$1,000) and the interest-bearing Loan (available for 25%, 50% and 75% of your expected tax refund) and will sign a conditional Loan agreement that contains provisions for both the interest-bearing Loan and the no-cost Loan as we do not know for which Loan or what Loan amount will you qualify at this point. Upon approval, which will be for the highest amount for which you qualify, Pathward will fund either the interest-bearing Loan or the no-cost Loan.
What happens if a Loan request for an interest-bearing Loan is denied?	If you request an interest-bearing Loan and are denied, but you qualify for a no-cost Loan, Pathward will fund the no-cost Loan. If you are not approved for either the interest-bearing Loan or the no-cost Loan, then Pathward will send you a letter about its decision.
When will the Loan be due and how will it be repaid?	If approved, the Loan is due on the earlier of when you receive your federal and/or state Tax Refund(s) or April 30, 2025. The Loan amount will be automatically deducted from the bank account receiving the Tax Refund(s), along with tax preparation fees and other amounts you authorize. If the amount of the first Tax Refund is insufficient to pay your obligations in full, then the outstanding balance owing will be paid upon receipt of any subsequent Tax Refund, if applicable and permitted by state law.
Can I prepay an interest-bearing Loan?	Yes, you can always make prepayments and will <u>never</u> incur any additional charges. Each prepayment you make will be applied first to accumulated interest and then to principal, potentially reducing the amount of interest you will pay. You can call customer service at (888) 782-0860 to request a payoff amount.

Are there any fees and charges, other than interest disclosed as a "finance charges," associated with the Loan?	No. The no-cost Loan and the interest-bearing Loan do not charge additional fees or charges. Fees for other optional products, third-party services, or product features may apply.
What is a "refund transfer"?	Our Refund Disbursement Service is a "refund transfer" product. The Refund Disbursement Service is an optional service in which Pathward establishes a limited-purpose bank account in your name to electronically receive your Tax Refunds from the IRS and state taxing authority. Pathward pays your tax preparation fees and other amounts you authorize from that account, disbursing any remaining Tax Refund amount to you in the manner you chose during tax preparation. <u>You are not required to purchase a refund transfer to apply for or receive a Loan; it is optional.</u> For a description of our low-cost deposit accounts and prepaid access cards, visit: www.myfastermoney.com .
If I don't get a refund transfer product, can I still get a loan?	If you applied for a Loan and did not choose the Refund Disbursement Service during tax preparation, Pathward will provide you with a bank account at no cost to receive your Tax Refund(s), take out the Loan repayment amounts owed to Pathward, and disburse any remaining amount to you in the manner you chose during tax preparation. This account is called a Tax Refund Deposit Account.
If I am approved for a Loan, does the cost of my tax return preparation increase?	No. The cost to prepare your tax return does not increase if you are approved for a Loan.
Is a Loan required in order to have my tax return completed and filed?	No. A Loan is <u>optional</u> . You are <u>not</u> required to apply for a Loan to have your tax return completed and filed. The IRS and state taxing authorities can issue Tax Refunds directly to you without your having to incur any additional costs from Pathward.
Does getting a Loan affect how quickly I receive my Tax Refund from the IRS and state taxing authorities?	No. Obtaining a Loan has <u>no</u> effect on when you will receive your Tax Refund(s) from the IRS and state taxing authorities.
If my tax filing status is "married filing jointly," is my spouse personally liable for the Loan?	No. However, any Tax Refund from your jointly filed income tax return(s) is used to repay the Loan.
If I apply for a Loan between January 2, 2025, and the date upon which the IRS begins to accept tax returns, how will I know if Pathward approves my application?	Depending upon underwriting, Pathward may approve your Loan application before the IRS accepts your tax return, or delay making a decision on your application until after the IRS accepts your tax return. Upon approval, Pathward will notify you by text or email (whichever you select) and disburse the Loan amount to you. If IRS acceptance of your tax return is required before approval, you will receive a notice that your application is not complete until such acceptance occurs.
If I apply after the IRS begins accepting tax returns, then how will I know if Pathward approves my application?	If you apply after the IRS begins accepting tax returns, then we cannot approve your application until the IRS accepts your tax returns. Upon approval, Pathward will notify you by text or email (whichever you select) and disburse the Loan amount to you.
How will I get my Loan proceeds?	During the application process, you can select to receive Loan proceeds via a paper check, direct deposited into your personal bank account, or electronically via a prepaid card.
Is there a free way I can electronically file my tax return?	Possibly. Some taxpayers meeting certain adjusted gross income level thresholds may qualify for free software. For more information visit https://www.irs.gov/uac/free-file-do-your-federal-taxes-for-free
Can I file a tax return electronically and receive my refund within a similar time frame and without paying the additional fees associated with a Tax Refund-related product if I have an existing account into which a Tax Refund can be directly deposited?	Yes. If you have an existing deposit account or product into which a Tax Refund can be directly deposited, you can file a tax return electronically and receive your refund within a similar time frame and without paying the additional fees associated with a Tax Refund-related product. Obtaining a Loan from Pathward or purchasing a Tax Refund-related product has <u>no</u> effect on the timing of your Tax Refund. No bank products are ever required to file your tax return directly with the IRS or state taxing authorities.
What are my options for receiving my refund from the IRS?	The IRS can send your refund either by check mailed to you through U.S. Mail, by direct deposit to your bank/credit union account, to a prepaid card, or by other methods permitted by law. For estimated availability of funds, see the table above.

**FOR FEDERAL TRUTH IN LENDING PURPOSES, THIS TABLE IS AN "ADVERTISEMENT" SHOWING
REPRESENTATIVE EXAMPLES OF AVAILABLE CREDIT TERMS FOR PATHWARD REFUND ADVANCE LOANS**

Please note that your Refund Advance Loan amount depends primarily upon the amount of your expected federal tax refunds. See your loan documents for the estimated amount of your loan.

EXPECTED REFUND AMOUNT* \$		9,896.00
Option #1 -- \$250 Refund Advance Loan		
Option #2 -- \$500 Refund Advance Loan		
Option #3 -- \$1,000 Refund Advance Loan		
Option #4 -- \$2,474.00	Refund Advance Loan (25% of Expected Tax Refund)	
Option #5 -- \$4,948.00	Refund Advance Loan (50% of Expected Tax Refund)	
Option #6 -- \$ 7,000.00	Refund Advance Loan (lesser of 75% of Expected Tax Refund or \$7,000)	

ESTIMATED ANNUAL PERCENTAGE RATE	ESTIMATED FINANCE CHARGE	Amount Financed	Estimated Total of Payments**
0%	\$0.00	\$250	\$250
0%	\$0.00	\$500	\$500
0%	\$0.00	\$1,000	\$1,000
36%	\$75.64	\$2,474.00	\$2,549.64
36%	\$151.29	\$4,948.00	\$5,099.29
36%	\$214.03	\$7,000.00	\$7,214.03

*Expected Refund Amount is an estimate based upon the tax information to be filed with the IRS by your Tax Preparer.

**Terms of Repayment – Option #1, Option #2, Option #3, Option #4, Option #5, and Option #6 Refund Advance Loan examples reference a loan with one payment in the amount of the Estimated Total of Payments due on the earlier of the day you receive your 2024 federal (and state, if applicable and permitted by state law) tax refund(s), which we estimate is 31 days from electronic filing; or April 30, 2025.

For Option #4, Option #5, and Option #6 Refund Advance Loan examples, please note:

- (i) the Finance Charge and Total of Payments will be lower if paid in full earlier than 31 days from electronic filing, and will be greater if paid in full later than 31 days from electronic filing;
- (ii) interest ceases to accrue after 60 days;
- (iii) the minimum loan amount is \$1,250 and the maximum loan amount is \$7,000; and
- (iv) not all options will be available for you and will be marked "N/A" if not applicable to you.

REFUND ADVANCE LOAN APPLICATION AND LOAN AGREEMENT

APPLICANT: CYNTHIA KARGBO

SSN: xxx-xx-0890

Definitions and Loan Decision. The words "Pathward," "we," "us," and "our" mean Pathward, National Association, member FDIC, regulated by the Office of the Comptroller of Currency, and headquartered at 5501 South Broadband Lane, Sioux Falls, South Dakota 57108. The words "you," and "your," mean the borrower signing below.

Selection of loan type—interest-bearing or no-cost Refund Advance Loan. You can choose whether to apply for an **interest-bearing Refund Advance Loan** set at 25%, 50% or 75% of your expected refund, subject to a minimum loan amount of \$1,250 and maximum amount of \$7,000 **OR a no-cost Refund Advance Loan** in the amount of \$250, \$500 or \$1,000. If we approve your interest-bearing loan request, then we will advise you by text or email (as previously selected) of your exact Refund Advance Loan amount. If Pathward approves you for a no-cost loan amount, then we will fund such no-cost (interest free) loan amount to you. Please note that if you have a prior outstanding debt with us and you are approved for a Refund Advance Loan, you will only be eligible for the minimum loan amount available.

Please mark your selection below:

- You request and are applying to Pathward to underwrite you for the highest interest-bearing Refund Advance Loan amount we offer. Also note, if Pathward cannot approve you for an interest-bearing loan amount, but we can approve a no-cost loan amount of \$250, \$500 or \$1,000, then we will fund such no-cost (interest free) loan amount to you.**
- OR
- You request and are applying to Pathward to underwrite you only for a no-cost Refund Advance Loan amount of \$250, \$500 or \$1,000.**

1. **Representations.** By signing below, you hereby agree as follows: (i) We have received tax information which estimates the amount of your expected tax refund(s) to be \$9,896.00; (ii) You are requesting and applying to Pathward to underwrite you as selected above; (iii) Pathward may deny your Application for a loan. Pathward may:

- if selected, approve your Application for an **interest-bearing Refund Advance Loan** in the amount of: \$2,474.00 (25% of your expected tax refund), \$4,948.00 (50% of your expected tax refund), or \$7,000.00 (75% of your expected tax or \$7,000, whichever is less). Note any interest-bearing loan option marked "**N/A**" is not applicable to you. *Also note, if we deny you for an interest-bearing loan amount, but we can approve a no-cost loan amount, then we will fund such no-cost loan amount to you.*
- if selected, approve your application for a **no-cost Refund Advance Loan** in the amount of \$250, \$500 or \$1,000.

2. **Loan Proceeds.** If approved, you will receive your loan proceeds via one of the following methods:

<input type="checkbox"/>	New Prepaid Debit Card (obtained in your Tax Preparer's office). Card Envelope Number: _____
<input type="checkbox"/>	Paper Check. If you present your paper check for payment after December 31, 2025, or more than 90 days from its issue date, the funds will no longer be valid and may result in additional fees imposed by your bank.
<input checked="" type="checkbox"/>	ACH Credit (direct deposit) Bank Routing Number: <u>XXXXXX4974</u> Account Number: <u>XXXXXX2153</u> Type of Account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings

3. **Optional Interest-Bearing Loan.** You acknowledge that the Refund Advance Loan is an optional credit product and is not required in order to file your taxes or receive a tax refund. You understand that **YOU WILL INCUR INTEREST CHARGES FOR THE INTEREST-BEARING REFUND ADVANCE LOAN, AND THAT YOU COULD HAVE CHOSEN TO APPLY SOLELY FOR A NO-COST (INTEREST FREE) LOAN AMOUNT.** You have reviewed the costs of the interest-bearing Refund Advance Loan, which has an estimated **ANNUAL PERCENTAGE RATE (APR) of 36%**, and compared it with the costs of other sources of credit, and consider the interest-bearing Refund Advance Loan to be consistent with your personal needs and financial circumstances.

4. **Optional No-Cost Loan and Denial of Interest-Bearing Loan Application.** You acknowledge that the no-cost Refund Advance Loan is an optional credit product and is not required in order to file your taxes or receive a tax refund. You understand that although you will not incur interest charges on the outstanding principal balance of the no-cost Refund Advance Loan and that you will be charged \$0.00 in fees, charges or points in connection with this loan, a tax refund-related credit product may cost more in some cases than other sources of credit. You have reviewed the costs of the no-cost Refund Advance Loan and compared it with the costs of other sources of credit, and consider the no-cost Refund Advance Loan to be consistent with your personal needs and financial circumstances. If you do not qualify for an interest-bearing Refund Advance Loan, then, by signing below and meeting Pathward's underwriting criteria, Pathward may fund a no-cost Refund Advance Loan, subject to the terms set forth herein.

5. **Third-Party Fees.** You may pay fees to other parties for other products that you choose, including (a) fees to your tax preparer for tax preparation and filing, (b) fees for a Refund Transfer (if you choose one), or (c) fees for other third-party services such as fees to your prepaid debit card provider under your cardholder agreement.

6. **Free Filing Options.** Some taxpayers meeting certain adjusted gross income level thresholds may qualify for free tax filing software. For more information visit <https://www.irs.gov/filing/free-file-do-your-federal-taxes-for-free>.

7. **Authorization to Verify Information and Obtain Credit Reports.** You understand and agree that you are authorizing us to obtain credit reports and related information about you from one or more commercial or consumer credit reporting agencies and to verify any information you provide us in connection with your application including, but not limited to, your employment and income. We reserve the right to conduct such verification through third parties. You agree we may contact third parties without further notice to you to verify any such information. We may use your credit reports to authenticate your identity, to make credit decisions, and for other related purposes. You authorize us to obtain your credit reports (at our discretion), including (i) each time you request a loan, (ii) during the processing or closing of a loan to you, or (iii) at various times during the term of your loan in connection with the servicing, monitoring, collection or enforcement of the loan.

8. **Your Expected 2024 Tax Refund(s).** You acknowledge and agree that your tax preparer has prepared your 2024 tax return, and that you have delivered to your tax preparer true and accurate financial information regarding your taxable income and tax situation for 2024. You understand that purchase of a Refund Transfer is not required for you to apply for, or be approved for, a Refund Advance Loan. Choices made pursuant to a Refund Transfer Agreement will not change or affect the terms of your Refund Advance Loan. **You acknowledge that receiving this Refund Advance Loan has no impact or effect upon the timing of receiving your tax refund.**

9. **Repayment and Refund Processing.** You agree that your federal (and state, if applicable and allowable under state law) Tax Refund(s) may be used to repay the Refund Advance Loan. You may consult the IRS Web site (<https://www.irs.gov/refunds>) or the applicable tax authority for information about Tax Refund processing.

10. **Status of Application; Approval and Funding of Loan.** The amount of the loan for which you will qualify will depend, in part, on the amount of your estimated income tax refund. **We have not yet committed to make any loan. We will only be committed to make a loan if and when we issue loan proceeds to you in the manner set forth below.** Based on your representations made during the application process and in this Loan Agreement, we agree as follows. If your application is approved and all conditions to funding are met, we will advise you of the final approved amount of your Refund Advance Loan. We will deliver the approved loan amount to you via the disbursement option you chose during your tax preparation—(i) prepaid debit card, or (ii) a check issued in your tax preparer's office, or (iii) an ACH credit (direct deposit) to an existing bank account or prepaid card.

11. **Promise to Pay.** You promise to pay us the principal amount of the loan advanced to you, plus, if applicable, simple interest calculated on the outstanding principal balance as set forth herein. If state law does not permit repayment of the Refund Advance Loan from the state Tax Refund or you do not receive a state Tax Refund, then the Refund Advance Loan shall be repaid solely from your federal Tax Refund. If state law allows repayment of the Refund Advance Loan from the state Tax Refund and the amount of the first Tax Refund you receive is insufficient to pay your obligations in full under this Loan Agreement, then you agree to pay the outstanding balance owing upon receipt of any subsequent Tax Refund. Therefore, you promise to pay the outstanding balance or the amount of your first Tax Refund, whichever is less, on the earlier of (i) the day you receive your 2024 state Tax Refund(s), only if applicable and permitted by state law; (ii) the day you receive your 2024 federal Tax Refund, or (iii) April 30, 2025. If (a) you will receive more than one Tax Refund, (b) the first Tax Refund you receive is insufficient to pay your loan in full, and (c) state law permits repayment from your state Tax Refund, then a second payment in the amount of the outstanding balance is due on the earlier of the day you receive your second Tax Refund or April 30, 2025. If you receive any Tax Refund(s) directly from a federal or state taxing authority, you agree to repay the amount of the Refund Advance Loan to us immediately.

- a. **Interest for the Interest-Bearing Refund Advance Loan. THE PROVISIONS OF THIS SECTION 11a ONLY APPLY TO LOANS IN THE AMOUNT OF \$1,250 OR GREATER.** We earn interest at the daily rate of 0.09863% on the outstanding principal balance, beginning on the date that the loan proceeds are disbursed to you, and continuing thereafter for 60 calendar days. Early payment and partial payments may decrease the amount of interest you owe. Late Payments may increase the amount of interest you owe; however, the interest earned hereunder will cease to accrue after 60 days. If a partial payment is received, such payment will be applied first to unpaid interest, then to principal. We have made our estimated "Amount Financed" disclosure in good faith based upon the amount we believe

you will receive in loan proceeds. In addition, we estimate that U.S. Department of Treasury or State Taxing Authority will disburse your 2024 tax refund within 31 days of electronically filing and disbursement of the loan proceeds. Therefore, we have made the estimated "Annual Percentage Rate, Finance Charge, Total of Payments and Payment Schedule" disclosures assuming in good faith that we will receive payment for the total principal and interest owing in one payment 31 days from disbursement of the loan proceeds.

- b. **No Interest for the No-Cost Refund Advance Loan. THE PROVISIONS OF THIS SECTION 11b ONLY APPLY TO LOANS IN THE AMOUNT OF \$250, \$500 OR \$1,000. No interest accrues on the outstanding principal balance. We charge \$0.00 in fees, charges or points in connection with the no-cost Refund Advance Loan.** However, you may pay fees for other products that you choose, including fees to your tax preparer for your tax preparation and filing, fees for a Refund Transfer (if you choose to purchase one), or fees for other third-party services.

12. **Security.** You grant us a security interest in your 2024 tax refund(s) as well as any and all funds sent to us for disbursement from the IRS and/or state taxing authorities ("Tax Refund(s)") as well as any Tax Refunds from any subsequent years, if applicable and permitted by state law. *If your 2024 Tax Refunds are insufficient to repay the loan in full after applying such Tax Refund amount(s) to the outstanding balance of the loan, as additional security we may apply your Tax Refund(s) from any subsequent years, if your Tax Refunds are again processed by Pathward, to repay any difference, unless prohibited by applicable law.* Repayment of this Refund Advance Loan solely from your 2024 Tax Refunds thereby reduces the amount you can expect to receive from such Tax Refunds. If you have any other outstanding debts with us as of the time you sign this Agreement or that accrues at any time before the issuance of your tax refund(s), we may deduct such amounts owed from your 2024 tax refund(s), unless prohibited by law.

13. **Right to Rescind, Prepayment, and Default.** You will not incur a fee, charge or penalty if you request to rescind on or before the close of business on the third day after obtaining the loan proceeds. If you rescind, then you must return the Refund Advance Loan proceeds, and we will rebate and refund to your account any interest we have earned. To rescind or prepay, call (888) 782-0860 to make such arrangements. Thereafter, you may prepay this loan in full or in part and will not incur an additional charge or fee. You will be in default if you break any promise in this Loan Agreement. We may at any time and in our sole discretion delay enforcing or choose not to enforce any of our rights or remedies under this Loan Agreement or under applicable law without losing any of those or any other rights or remedies. Even if we do not enforce our rights or remedies at any one time, we may enforce them at a later date.

14. **Account-Related Communication.** You authorize us to contact you using automatic telephone dialing systems, artificial or prerecorded voice message systems, text messaging systems and automated email systems in order to provide you with information about your loan. You authorize us to make such contacts using any telephone numbers (including wireless, landline and VOIP numbers) or email addresses you supply to us in connection with your loan application or loan agreement, the servicing of amounts you owe, or any other loan-related matter. Message and data rates may be imposed by your mobile, wireless, or Internet carrier. To stop text messages, you can simply reply "STOP" to any text message we send you. To stop emails, you can follow the opt-out instructions included at the bottom of the emails.

15. **Privacy Policy.** We respect your privacy of information relating to the Refund Advance Loan and encourage you to read our Privacy Policy, provided above. Changes may be made to our Privacy Policy from time to time and we will provide you with any notice of such changes required by applicable law. Our current Privacy Policy is also available at www.pathward.com/privacy-policy.

16. **Arbitration Provision and Jury Trial Waiver.** You agree that the Arbitration Provision and Jury Trial Waiver set forth above is incorporated herein by reference and governs disputes or claims between us as set forth therein, unless you are a covered borrower under the federal Military Lending Act.

17. **Representations and Acknowledgements.** You are not a debtor under any proceeding in bankruptcy and have no intention to file a petition for relief under any chapter of the United States Bankruptcy Code. You are at least 18 years of age (or 19 in Nebraska and Alabama). You have read, understand, and agree to all of the terms of this Application. You certify that the information you have provided to us and your tax preparer prior to signing this Application is true and accurate. You acknowledge that you are applying for the Refund Advance Loan of your own free will and are not relying on any recommendation from your tax preparer or any other party as to its suitability for your financial situation. You affirm that you have chosen your tax preparer for your own reasons and/or convenience, without our recommendation or endorsement. You absolve us and will not hold us liable should your tax preparer make a mistake in the computation of your tax return(s) or make any other error or omission in submitting the same.

18. **Application Denial.** We may decline your Application based on our underwriting standards including without limitation a review of information from the Internal Revenue Service or US Department of Treasury, Bureau of the Fiscal Service, such as if you, and if applicable your spouse, have delinquent child support or outstanding unpaid taxes, student loans, or other federal debt or a review of information contained in your credit report(s) or an inability to verify your identity. We will notify you of our decision in writing.

19. **Military Lending Act.** The Military Lending Act provides protections for certain members of the Armed Forces and their dependents ("Covered Borrowers"). The provisions of this section apply to Covered Borrowers as defined by 32 C.F.R. § 232.3(g).

Statement of MAPR: Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account).

Oral Disclosures: To hear a statement of the MAPR and a clear description of your payment obligation, please call 844-549-7937.

Covered Borrower Savings Clause: If any contract provision not identified herein is contrary to the rights and protections afforded to Borrower by Federal law pursuant to 10 U.S.C. § 987 and its implementing regulations, including but not limited to 32 C.F.R. § 232.8, then the conflicting provisions or proscribed terms are inoperative, and shall have no force and effect. However, all remaining contract terms and provisions not proscribed or prohibited shall remain in full force and effect.

DO NOT SIGN THIS REFUND ADVANCE LOAN APPLICATION AND LOAN AGREEMENT UNTIL YOU READ ALL OF THE TERMS. REVIEW EACH OF THE FREQUENTLY ASKED QUESTIONS ABOVE. CALL (888) 782-0860 IF YOU STILL HAVE QUESTIONS ABOUT THIS LOAN. YOU ACKNOWLEDGE AND AGREE THAT, IF YOU APPLY AND ARE APPROVED FOR AN INTEREST-BEARING REFUND ADVANCE LOAN, YOU ARE RECEIVING A LOAN WHICH CHARGES INTEREST. THE MONEY YOU RECEIVE FROM A REFUND ADVANCE LOAN IS NOT YOUR TAX REFUND. YOU FURTHER ACKNOWLEDGE THAT RECEIVING A LOAN FROM US HAS NO EFFECT ON THE TIMING FOR RECEIVING YOUR TAX REFUND. THAT IS, YOU WILL NOT RECEIVE YOUR TAX REFUND "FASTER" OR "QUICKER" BY OBTAINING A LOAN FROM US. IF YOUR APPLICATION IS DENIED, YOU WILL STILL RECEIVE YOUR TAX REFUND IN THE MANNER YOU CHOSE DURING TAX PREPARATION. NOTE THAT ANY FEES YOU PAID TO YOUR TAX PREPARER FOR YOUR TAX PREPARATION WILL NOT BE REFUNDED.

Borrower's Signature: C Kargbo
Date: 11/12/2025 Borrower's SSN: XXX-XX-0890

Print Name: CYNTHIA KARGBO

NOTE: If a joint tax return is being filed, the Joint Filer must sign the Spouse Agreement and Joint Filer Authorization for Release of Information on the following pages.

Authorization for Release of Information

By signing below, you authorize Pathward, National Association, and its service providers to contact the US Department of Treasury, Bureau of the Fiscal Service Treasury Offset Program call center on your behalf in connection with our review of your application for a Loan, and to use and disclose the information you have provided in the application to the US Department of Treasury, Bureau of the Fiscal Service, and to obtain any and all information related to debt owed by you or the Joint Filer to the United States Government, to a State, or any debt enforced by a State, including child support obligations and/or any payments made or due to you by a Federal or State agency, and/or any tax return information disclosed to the Internal Revenue Service in order to collect tax debt through the levy process under 26 U.S.C. §6331(h), and to conduct tax refund offset under 26 U.S.C. §6402. Tax return information is defined in 26 U.S.C. § 6103(b). Information includes, but is not limited to, correspondence and other information related to your debt(s) or payment(s), including your tax refund payment(s). You authorize the U.S. Department of the Treasury, Bureau of the Fiscal Service to disclose the information described above to Pathward, National Association, and its service providers. This authorization extends to any automated system or by any other written, electronic, or telephonic means. You agree to complete and sign all documents necessary to obtain such information from the US Department of Treasury, Bureau of the Fiscal Service Treasury Offset Program. You understand that the US Department of the Treasury, Bureau of the Fiscal Service, its employees, agents, and contractors, are not required to inform you of disclosures made under this authorization. This authorization authorizes the use and disclosure of information described above from any tax year. This authorization will be valid for 6 months from the date of signing, unless sooner revoked by you in writing and the revocation is received and processed by the US Department of Treasury, Bureau of Fiscal Service at this address: Supervisor, TOP Call Center, P.O. Box 1686, Birmingham, Alabama 35201-1686.

Borrower's Signature: Cynthia Kargbo Date 11/12/2025

Print Name: CYNTHIA KARGBO Borrower's SSN (last 4): 0890

LIMITED PURPOSE MARRIED JOINT TAX FILER AGREEMENT

For purposes of this LIMITED PURPOSE MARRIED JOINT TAX FILER AGREEMENT ("SPOUSE AGREEMENT"), the words "we", "us" and "our" mean Pathward, National Association. The words "you" and "your" mean the spouse of the tax preparation customer applying for the Refund Advance Loan and signing above. Please review this SPOUSE AGREEMENT and sign and complete the information requested on the lines below if your filing status is married filing jointly and your spouse is applying for the Refund Advance Loan (a "Joint Filer"). By signing below, you acknowledge and agree that:

- You are not applying for the Refund Advance Loan;
- You are not agreeing to be, and will not be held, personally liable for the Refund Advance Loan received by your spouse;
- If your spouse's application is approved, then any Tax Refund from your jointly filed income tax return(s) may be used to repay the Refund Advance Loan;
- You grant us a security interest in any 2024 federal and, if applicable and permitted by state law, state Tax Refund(s), as well as any Tax Refunds from any subsequent years, along with any information from your jointly filed tax return to repay the Refund Advance Loan received by your spouse;
- You agree that you have received a copy of our Privacy Policy; and
- The **Arbitration Provision and Jury Trial Waiver** set forth above is incorporated herein by reference and governs disputes or claims against us relating to this SPOUSE AGREEMENT, unless you are a covered borrower under the federal Military Lending Act.

Joint Filer's Signature: _____

Joint Filer's SSN: XXX-XX-_____

Print Joint Filer's Name: _____

Joint Filer Authorization for Release of Information

By signing below, you authorize Pathward, National Association, and its service providers to contact the US Department of Treasury, Bureau of the Fiscal Service Treasury Offset Program call center on your behalf in connection with our review of your spouse's application for a Refund Advance Loan, and to use and disclose the information provided in your spouse's application to the US Department of Treasury, Bureau of the Fiscal Service, and to obtain any and all information related to debt owed by you to the United States Government, to a State, or any debt enforced by a State, including child support obligations and/or any payments made or due to you by a Federal or State agency, and/or any tax return information disclosed to the Internal Revenue Service in order to collect tax debt through the levy process under 26 U.S.C. §6331(h), and to conduct tax refund offset under 26 U.S.C. §6402. Tax return information is defined in 26 U.S.C. § 6103(b). Information includes, but is not limited to, correspondence and other information related to your debt(s) or payment(s), including your tax refund payment(s). You authorize the U.S. Department of the Treasury, Bureau of the Fiscal Service to disclose the information described above to Pathward, National Association and its service providers. This authorization extends to any automated system or by any other written, electronic, or telephonic means. You agree to complete and sign all documents necessary to obtain such information from the US Department of Treasury, Bureau of the Fiscal Service Treasury Offset Program. You understand that the US Department of the Treasury, Bureau of the Fiscal Service, its employees, agents, and contractors, are not required to inform you of disclosures made under this authorization. This authorization authorizes the use and disclosure of information described above from any tax year. This authorization will be valid for 6 months from the date of signing, unless sooner revoked by you in writing and the revocation is received and processed by the US Department of Treasury, Bureau of Fiscal Service at this address: Supervisor, TOP Call Center, P.O. Box 1686, Birmingham, Alabama 35201-1686.

Joint Filer's Signature: _____

Joint Filer's SSN: XXX-XX-_____

Print Joint Filer's Name: _____

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name: CYNTHIA KARGBO	Date of Birth: 10/13/1977	Social Security Number: XXX-XX-0890
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Reason for authorizing consent: (Please select one)

- | | | |
|---|---|--|
| <input type="checkbox"/> To apply for a mortgage | <input checked="" type="checkbox"/> To apply for a loan | <input type="checkbox"/> To meet a licensing requirement |
| <input type="checkbox"/> To open a bank account | <input type="checkbox"/> To open a retirement account | <input type="checkbox"/> Other |
| <input type="checkbox"/> To apply for a credit card | <input type="checkbox"/> To apply for a job | |

With the following company ("the Company"):

Company Name: Pathward, N.A.

Company Address: 5501 S. Broadband Ln., Sioux Falls, SD 57108

The name and address of the Company's Agent (if applicable):

Agent's Name: N/A

Agent's Address: N/A

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified. I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for one-time use. This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. (Please initial.)

Signature:  Date Signed: 11/12/2025

Relationship (if not the individual to whom the SSN was issued):

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent. We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send to this address only comments relating to our time estimate, not the completed form.

TEAR OFF

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.

Pathward

PO Box 91607
Sioux Falls, SD 57109
1-888-782-0860

11/12/2025

Notice of Incomplete Application and Request for Additional Information

Dear Applicant,

Thank you for your application for a Refund Advance Loan. The following information is needed to make a decision on your application:

We need to receive information from your tax preparer or the Internal Revenue Service (IRS) confirming the IRS's acceptance of your tax return.

We need to receive this information by 3/15/2025 . If we do not receive it by that date, we will regrettably be unable to give further consideration to your credit request.

Regards,

Pathward Lending Department

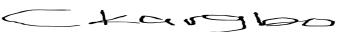
Tax Preparation Fee Acknowledgement

Pathward, 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, Pathward 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 Pathward, which will be separate from any fees relating to the preparation and electronic filing of your tax return. *Pathward 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 Pathward 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 \$ 689.98.

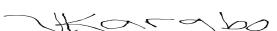
By signing below, you acknowledge that you (i) have incurred the tax preparation fees set forth above; (ii) owe such fees to your tax preparer for the tax preparation services you received; and (iii) agree that such fees will deducted from your tax refund(s) proceeds in the refund deposit account and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

Taxpayer Signature: 

Date: 11/12/2025

Spouse Signature (if applicable): 

Date: _____

ERO's Signature: 

Date: 11/12/2025

FEDERAL TRUTH-IN-LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE ^(e)	FINANCE CHARGE ^(e)	Amount Financed ^(e)	Total of Payments ^(e)
The cost of your credit as a yearly rate. 36%	The dollar amount the credit will cost you. \$151.29	The amount of credit provided to you or on your behalf. \$4,948.00	The amount you will have paid after you have made all payments as scheduled. \$5,099.29

Payment Schedule:^(e) One payment in the amount of the first 2024 Tax Refund you receive or the Total of Payments, whichever is less, is due on the earlier of (i) the day you receive your 2024 state Tax Refund(s), only if applicable and permitted by state law; (ii) the day you receive your 2024 federal Tax Refund, or (iii) April 30, 2025. However, if (i) you will receive more than one Tax Refund, (ii) the first Tax Refund you receive does not pay your loan in full, and (iii) state law permits repayment from your state Tax Refund, then a second payment in the amount of the outstanding balance is due on the earlier of the day you receive your second Tax Refund or April 30, 2025. We estimate you will receive your refund(s) within 31 days from electronic filing.

Security: You are giving us a security interest in your 2024 federal and, to the extent applicable and permitted by state law, state Tax Refund(s), as well as any Tax Refunds from any subsequent years.

Prepayment: If you pay off early, you will not have to pay a penalty. A prepayment penalty may not be imposed for paying all or part of the principal balance before the date on which the principal is due.

See your contract documents for any additional information about nonpayment, default, and any required repayment in full before the scheduled date, and prepayment refunds and penalties.

(e)means an estimate

Itemization of Estimated Amount Financed of \$ 4,948.00

Amount given to you directly: \$4,948.00

CONSENT TO USE OF TAX RETURN INFORMATION

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

MTP FINANCIAL SERVICES
(Printed Name of Tax Preparer)

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

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

If you do not consent, you may still have your tax return prepared and electronically filed by us for a fee.

For your convenience, we have entered into an arrangement with third parties to provide qualifying taxpayers with the opportunity to apply for an Electronic Refund Disbursement Service and/or Loan product. To determine whether these products may be available to you, we will need to use your tax return information in order to calculate the amount of your anticipated refund.

If you would like us to use your tax return information to determine whether these products may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

By signing below, you authorize us to use the information you provide to us during the preparation of your 2024 tax return to determine whether to present you with the opportunity to apply for these products and services.

Printed Name of Taxpayer: CYNTHIA KARGBO

Taxpayer Signature:  Date: 11/12/2025

Printed Name of Joint Taxpayer (if applicable): _____

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.

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

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

MTP FINANCIAL SERVICES
(Printed Name of Tax Preparer)

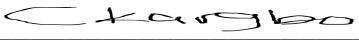
Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, 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 Pathward, 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 2024 tax return information necessary for evaluating the request to Pathward. 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 2024 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 Pathward all of your 2024 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 Pathward, 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: CYNTHIA KARGBO

Taxpayer Signature:  Date: 11/12/2025

Printed Name of Joint Taxpayer (if applicable): _____

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.

For calendar year 2024 or tax year beginning _____, 2024, ending _____, 20_____

Your first name, middle initial, and last name: CYNTHTA KARGBO Your Social Security Number: XXX-XX-0890

Spouse's first name, middle initial and last name: _____ Spouse's Social Security Number: _____

Home address, City, State, ZIP: 2001 WARRIOR LN WAUKEE IA 50263

Part I Tax Return Information

1. Federal total income (IA 1040, line 1a)	1. <u>24250</u>
2. Total Tax (IA 1040, line 7).....	2. <u>103</u>
3. Iowa Income Tax Withheld (IA 1040, line 28).....	3. <u>667</u>
4. Amount to be Refunded (IA 1040, line 32).....	4. <u>3012</u>
5. Total Amount Due (IA 1040, line 37).....	5. _____

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)

6. I do not want direct deposit or direct debit.
 7. I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
 I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To cancel a payment, I must contact IDR at 515-281-3114 or idref@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: _____

Routing Number

X	X	X	X	X	4	9	7	4
---	---	---	---	---	---	---	---	---

 The first two digits must be 01 through 12 or 21 through 32.

Account Number

X	X	X	X	X	X	2	1	5	3										
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Type of Account: Savings Checking

Will this payment come from an account outside the United States?

Yes

No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2024 and certify to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and retransmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

 11/12/2025 Date Spouse Signature - If a joint return, both must sign. Date
Your Signature _____

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date <u>11/12/2025</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self- employed <input type="checkbox"/>	ERO PTIN <u>P01011326</u>
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Firm's name (or yours if self-employed) Address, City, State, ZIP	<u>MTP FINANCIAL SERVICES</u> <u>4256 CLAUSELL CT DECATUR GA 30035</u>	FEIN <u>83-2071099</u>
---	---	------------------------

Paid Preparer Signature	Date	Check if self- employed <input type="checkbox"/>	Preparer PTIN
----------------------------	------	---	---------------

Firm's name (or yours if self-employed) Address, City, State, ZIP	<u> </u>	FEIN <u> </u>
		Phone Number () <u> </u>

Taxpayer's Name

KARGBO, CYNTHIA - 00000

Taxpayer's SSN

X X X X X 0 8 9 0

If more than four dependents, check the box and see instructions



Dependent's first name	Dependent's last name	Dependent's SSN	Relationship to you
► NYAQUOI	► KARGBO	► X X X X X 4 1 7 1	► SON
► JEDERIOUS	► KARGBO	► X X X X X 8 4 5 0	► SON
►	►	►	►
►	►	►	►

Step 4: Iowa Taxable Income

- 1a. Federal total income from federal 1040, line 9
- 1b. Federal adjustments to income from federal 1040, line 10
- 1c. Federal adjusted gross income from federal 1040, line 11
- 1d. Standard deduction or itemized deductions from federal 1040, line 12
- 1e. Qualified business income deduction from federal 1040, line 13
2. Federal taxable income from federal 1040, line 15
3. Net Iowa modifications from IA 1040 Schedule 1, line 21
4. Iowa taxable income. Add lines 2 and 3. Do not include lines 1a through 1e.

► 1a	24250	00
► 1b		
► 1c	24250	00
► 1d	21900	00
► 1e		
► 2	2350	00
► 3		
► 4	2350	00

Step 5: Tax, Nonrefundable Credits, and Checkoff contributions

Check if using alternate tax (line 5), tax reduction calculation (line 12), or low-income exemption. See instructions

5. Iowa tax from tax rate schedule or alternate tax
6. Iowa lump-sum tax. See instructions.....
7. Total tax. Add lines 5 and 6
8. Total exemption credit amount from Step 3
9. Tuition and textbook credit for dependents in grades K-12
10. Volunteer firefighter/EMS/reserve peace officer credit
11. Total Credits. Add lines 8, 9, and 10.....
12. BALANCE. Subtract line 11 from line 7
13. Nonresident or part-year resident credit. Include IA 126
14. BALANCE. Subtract line 13 from line 12.....
15. Out-of-State tax credit. Include IA 130

►		
► 5	103	00
► 6		
► 7	103	00
► 8	160	00
► 9		
► 10		
► 11	160	00
► 12		
► 13		
► 14		
► 15		



Taxpayer's Name

KARGBO, CYNTHIA - 00000

Taxpayer's SSN

X X X X X 0 8 9 0

16. BALANCE. Subtract line 15 from line 14..... ► 16
17. Other nonrefundable Iowa credits. Include IA 148 .. ► 17
18. BALANCE. Subtract line 17 from line 16..... ► 18
19. School district surtax or EMS surtax. Multiply line 18 by the percentage from list .. ► 19
20. Total state tax and local surtax..... ► 20
21. Contributions will reduce your refund or add to the amount you owe.

Fish/Wildlife	Child Abuse Prevention
---------------	------------------------

Enter total here..... ► 21

22. TOTAL STATE TAX, LOCAL TAX, AND CONTRIBUTIONS. Add lines 20 and 21 .. ► 22

Step 6: Refundable Credits and Payments

23. Iowa fuel tax credit. Include IA 4136..... ► 23
24. Check one: Child and dependent care credit ► X OR
 Early childhood development credit ►
25. Iowa earned income tax credit .. ► 24 1350 00
26. Other refundable credits. Include IA 148 .. ► 25 995 00
27. Composite and PTET credit. Include IA Schedule CC .. ► 26
28. Iowa income tax withheld .. ► 27
29. Estimated and other payments made for tax year 2024. Amended returns see instructions. .. ► 28 667 00
30. Total refundable credits and payments. Add lines 23 through 29 .. ► 29
30. Total refundable credits and payments. Add lines 23 through 29 .. ► 30 3012 00

Step 7: Refund

- 31a. If line 30 is more than line 22, subtract line 22 from line 30; otherwise, go to line 34 .. ► 31a 3012 00
- 31b. AMENDED RETURN ONLY. Previous refunds. See instructions .. ► 31b
32. Amount of line 31 to be REFUNDED. Subtract line 31b from line 31a, if applicable..... ► 32 3012 00

a. Routing Number ► X X X X X 4 9 7 4

c. Account ► X Checking

b. Account Number ► X X X X X 2 1 5 3

Type ► Savings

33. Amount of line 31a to be applied to your 2025 estimated tax .. ► 33



Taxpayer's Name

KARGBO, CYNTHIA - 00000

Taxpayer's SSN

X X X X X 0 8 9 0

Step 8: Amount due

34. If line 30 is less than line 22, subtract line 30 from line 22. Amended returns see instructions.....

► 34

35. Penalty for underpayment of estimated tax from IA 2210, IA 2210AI, or IA 2210F

► 35

Check if using either method: annualized income (IA 2210AI) ► or farmer/fisher (IA 2210F) ►

36. Penalty and Interest

36a. Penalty

Enter total here

► 36

36b. Interest

37. TOTAL AMOUNT DUE. ADD lines 34, 35, and 36.....

► 37

Continue to pages 5 and 6 for IA 1040 Schedule 1 and signatures. The return must be signed to be valid.



Taxpayer's Name

►KARGBO, CYNTHIA - 00000

Taxpayer's SSN

► X X X X X 0 8 9 0

IA 1040 Schedule 1**Iowa Modifications to Federal Total Income**

	A Additions	B Subtractions
1. Interest	► 1	►
2. Dividends.....	► 2	►
3. Partnership and/or S corporation modifications	► 3	►
4. Military retirement income	► 4	►
5. Social Security benefits from federal 1040, line 6(b).....	► 5	►
6. Active duty military pay.....	► 6	►
7. IRA/Pension/Railroad retirement income	► 7	►
8. Railroad unemployment income.....	► 8	►
9. Bonus depreciation/section 179 expenses.....	► 9	►
10. Federal Net Operating Loss prior to 1/1/23. Include IA 124	► 10	►
11. Other income..... Code:	► 11	►
12. Total modifications to federal total income. Add lines 1 through 11.....	► 12	►
13. Net modifications to federal total income. Subtract line 12 column B from A. If less than zero, enter as a (negative) number	► 13	►

Iowa Modifications to Federal Taxable Income

14. RESERVED FOR FUTURE USE	► 14	
15. Health insurance deduction. See instructions	► 15	►
16. Iowa capital gains deduction. Include applicable IA 100(s)....	► 16	►
17. Iowa net operating loss prior to 1/1/23. Include IA 124	► 17	►
18. RESERVED FOR FUTURE USE	► 18	►
19. Other Adjustments..... Code:	► 19	►
20. Net modifications to federal taxable income. Add lines 14 through 19. Enter as a (negative) number	► 20	►
21. Net Iowa modifications. Add lines 13 and 20. If less than zero, enter as a (negative) number. Enter here and IA 1040, line 3	► 21	►

Net Modifications

21. Net Iowa modifications. Add lines 13 and 20. If less than zero, enter as a (negative) number.
Enter here and IA 1040, line 3



Taxpayer's Name

► KARGBO, CYNTHIA - 00000

Taxpayer's SSN

► X X X X X 0 8 9 0

Step 9:
Third Party
Designee

Do you want to allow an individual to discuss this return with the Department? See instructions.

Designee's Name

► VALIAKU KARGBO

Mailing address

► 4256 CLAUSELL CT

ID Number (optional)

► P01011326

City

► DECATUR

State

► G A

ZIP

► 3 0 0 3 5

Designee's phone number

► 8 7 7 2 7 0 9 2 3 2

Designee's Email

► VNVENTERPRISESLLC@GMAIL.COM

Step 10:
Signatures

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

Returns must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.

Your Signature

►

Date

► 1 1 1 2 2 0 2 5
M M D D Y Y Y Y

Sign Here

Date of death

Check if deceased: ► ►
M M D D Y Y Y Y

Spouse's Signature

►

Date

►
M M D D Y Y Y Y

Sign Here

Date of death

Check if deceased: ► ►
M M D D Y Y Y Y

Taxpayer's phone number

► 5 1 5 3 2 6 0 8 5 9 ►

Taxpayer's email address

Your Driver License or State Issued ID number (optional)

►

Spouse's Driver License or State Issued ID number (optional)

►

Paid
Preparer
Use

Preparer's Signature

►

Date

► 1 1 1 2 2 0 2 5
M M D D Y Y Y Y

Preparer's PTIN, STIN, or SSN

► P 0 1 0 1 1 3 2 6

Firm's FEIN

► 8 3 2 0 7 1 0 9 9

Preparer's phone number

► 8 7 7 2 7 0 9 2 3 2

This return is due April 30, 2025. Sign, include federal return, W-2s, and verify SSNs.

MAILING ADDRESS: Iowa Income Tax Document Processing

PO BOX 9187, Des Moines IA 50306-9187

Make checks payable to Iowa Department of Revenue

