ARELYS TAX & ACCOUNTING LLC

TAX FORMS TO FILE
(Mark the one(s) that apply with an X)
PR State Tax Return_____ Form 1040 _____

Tax Payer's information
(Tax Payer & Spouse: exactly as it appears on your Social Security Card)

| Name | Initial | Last name (Father's surname) | Last name (Mother's surname) | MM/DD/YYYY | Gender (F, M) | Social Security Number* |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

*Full Social Security number. Provide proof along with this document (copy of the SS card).

Home or cell phone: _____
E-mail address: _____
SURI account: User name-_____ Password-_____

| Postal Address | Residential Address |
|---|---|
| | |

Did you change addresses during 2026? Yes_____ No_____

Merchants Registration Number (Please submit a copy of your certificate along with this document) **(For professional services only):** _____

United States Citizen: Yes_____ No_____

Year-round resident of Puerto Rico? Yes_____ No_____ If you answered "No", please indicate the moving date: (MM/DD/YYYY)_____/_____/_____

| Filling Status | Individual taxpayer | Married with a complete separation of property prenuptial agreement | Married | Married not living with spouse | Married filling separately |
|---|---|---|---|---|---|
| Mark with an X | | | | | |

Highest source of income (choose one):

- Government, Municipalities or Public Corporations Employee
- Federal Government Employee
- Private Business Employee
- Retired/Pensioner
- Self-Employed
- Other (specify)_____

Arelys Tax & Accounting

ARELYS TAX & ACCOUNTING LLC

Are you a veteran of the United States Armed Forces?
Taxpayer: Yes_____ No_____
Spouse: Yes_____ No_____

**Dependents:**

| Name | Initial | Last name | Last name | MM/DD/YYYY | Relationship | Cat.* | Social Security Num.** |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

*Category: University student (U) Non-university student (N) Disabled (I)

**Please provide proof of Social Security card (copy) for each dependent, along with their birth certificate (copy).

Who has custody of the dependents? _____

Provide the Identification Protection Pin (IP PIN) for any or all the people in the tax return who possess one.

| Name & Last names: | IP PIN |
|---|---|
| | |
| | |
| | |
| | |
| | |

Banking Information

| Routing/transit number | Account number | Type of account (checking or savings) |
|---|---|---|
| | | |

- We are requesting this information to expedite the 2026 filling processes.
- You must provide us with the following evidence (copy) in order to place you on the waiting list. Without it, the process cannot be started.
    - Identification, Passport o Driver's License.
    - Social Security Card of all the people on the tax return.
    - Dependent's birth certificates.
    - Previous year's tax return (2025, if NOT filed by Arelys Tax & Accounting LLC).
    - Evidence that the dependents resided with you during the whole year.
        - You can send done of the following:
            - MA10 Medical Card or private medical plan certification
            - PAN/TANF Certification
            - Lease agreement
            - Head Start or School certification
            - Any other certification that validates that the dependent lives with you.

Arelys Tax & Accounting

ARELYS TAX & ACCOUNTING LLC

Please answer the following questions:

1. Were your dependents claimed on a 2025 federal tax return by someone other than you?
   Yes_____ No_____
2. Is the dependent claimed on both state and federal tax returns by the same person.
   Yes_____ No_____
3. With whom did the dependent live for more than half of the year? _____

**If you filed your tax return with Arelys Tax & Accounting LLC in 2024, it is NOT necessary to send identification, social security, birth certificates, etc. unless they have expired.**

Additionally, if you have deductible medical expenses, please indicate the amount and submit supporting documentation along with this document. (e.g., deductibles for prescription medications (not "OTC"), deductibles for tests and labs, health insurance premiums, medical equipment expenses, etc.).

| Description or name of the person or institution to whom the payment was made: | Medical expense amount: |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

If during the tax year you made any donation to an entity qualified by the agency, please indicate it on the table below:

| Name of the entity to whom the payment was made: | Donation amount: |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

*You must have proof of the entity where the employer social security number appears; without that, it cannot be deducted on your tax return.

- You can send this completed document and the required evidence by email to: info@arelystaxaccounting.com.
- Via WhatsApp to (787) 988-9875 or by postal mail to P.O. Box 4952 PMB 238 Caguas P.R. 00725
- If you wish to deliver it in person at our office, you must request an appointment.

Remember that if you receive Informative Forms (480, W-2PR, 1099, etc.) we must wait for your employer to deliver it to you in order to file your tax returns.

Arelys Tax & Accounting LLC is certified by the Department of the Treasury and the IRS. All your information will be securely stored and deleted from our phones and e-mail for your protection. While other firms may request different information, we adhere to IRS and Treasury regulations and guarantee that you should have no issues with your tax return if you provide all the required documentation.

Arelys Tax & Accounting

ARELYS TAX & ACCOUNTING LLC

OUR OFFICE IS LOCATED IN:

URB. VILLA CARMEN, CALLE BAYAMÓN, ESQ. AGUADILLA, SUITE 1 K-14 CAGUAS P.R. 00725, NEAR ECONO AT PLAZA DEL CARMEN, you can call or write to us to get our location pin, or find us on Google Maps. We can handle almost everything remotely; however, clients who prefer in-person service should let us know so we can schedule an appointment.

**Our tax return fees start at: $30.00 for state tax returns and $110.00 for federal tax returns. We offer banking product services for an additional fee, if the client so desires.**

## Important!

1. To begin the process, you must have already made the corresponding payment. Our business ATH Mobile account is ArelysTax; in the message, please include the name of the taxpayer to whom the form belongs. It is required that you send evidence of the payment made (e.g. screenshot of transaction).
2. No refunds will be issued once the draft submission process has begun. We want to be transparent about our processes; therefore, if for any reason you require a refund of a payment made to Arelys Tax & Accounting LLC via ATH Móvil or Wix, the transaction fee charged by these institutions will be deducted from the refunded amount, as applicable (2.30% for Wix and 2.9% + 30¢ for ATH Móvil). Thank you for your understanding.
3. If your tax return cannot be filed due to an error in the name with Hacienda or the IRS servers, you must take steps to correct it. If you would like us to help you, the service will have an additional cost.
4. Any form that is not duly signed and authorized by the client for filing will NOT be filed, without exception.
5. All tax returns must be paid before filing. If your children were claimed on a federal tax return and the system does not allow us to file electronically, we will prepare the return on paper and notify you which child was claimed and the procedures you must follow with the agency.
6. **All clients with business expenses must submit their detailed expenses and a summary of those expenses, along with supporting evidence.**
7. Customers who do not have Zelle nor ATH Móvil and are not able to pay through Wix, can pick up and pay their bill at our offices in Caguas, in cash.
8. The instructions for the forms will be sent along with your draft.

Arelys Tax & Accounting