

Exhibit C

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA*Smith-Washington, et al. v. TaxAct, Inc.*, Case No. 3:23-cv-00830-VCwww.TaxActClassSettlement.com**CLAIM FORM INSTRUCTIONS**

This Claim Form is for Settlement Class Members. The Settlement Class Members includes members in either of the two following Classes: (1) Nationwide Class – all natural persons who used a TaxAct online do-it-yourself consumer Form 1040 tax filing product and filed a tax return using the TaxAct online product at any time between January 1, 2018 and December 31, 2022, and whose postal address listed on such tax return was in the United States; or (2) Nationwide Married Filing Jointly Class – all natural persons whose spouse used a TaxAct online do-it-yourself consumer Form 1040 tax filing product and filed a joint tax return using the TaxAct online product at any time between January 1, 2018 and December 31, 2022, and whose postal address listed on such joint tax return was in the United States.

**TO RECEIVE A PAYMENT FROM THE SETTLEMENT AND TO RECEIVE TAXACT®
XPERT ASSIST YOU MUST COMPLETE AND SUBMIT THIS FORM**

If, as of January 9, 2024, you filed a demand for arbitration against TaxAct to arbitrate claims that would otherwise be released in accordance with the terms of this Settlement Agreement, you are excluded from both Settlement Classes unless you elect to opt-in to the Settlement Classes by filing a timely Claim Form.

How To Complete This Claim Form

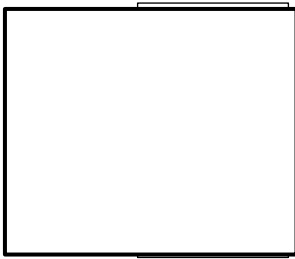
1. There are two ways to submit this Claim Form to the Settlement Administrator: (a) online at www.TaxActClassSettlement.com; or (b) by U.S. mail to the following address: Smith-Washington, et al. v. TaxAct, Inc., c/o Kroll Settlement Administration LLC, 2000 Market Street, Suite 2700, Philadelphia, PA 19103.
2. **Deadline:** If you submit your Claim Form by U.S. Mail, the completed and signed Claim Form must be postmarked by _____, 2024. If you submit your Claim Form online, you must do so by 11:59 p.m. PDT on _____, 2024.
3. You must complete the entire Claim Form. Please type or write your responses legibly.
4. If your Claim Form is incomplete or missing information, the Settlement Administrator may contact you for additional information. If you do not respond by the deadline provided by the Settlement Administrator for you to supply any such additional information, your claim will not be processed, and you will waive your right to receive money and Xpert Assist under the Settlement.
5. You may only submit one Claim Form. You must only submit the Claim Form on your own behalf or on behalf of someone for whom you are an authorized legal representative.
6. Submission of the Claim Form does not guarantee payment or receipt of Xpert Assist. Your Claim Form must be approved by the Settlement Administrator.
7. If you have any questions, please contact the Settlement Administrator by email at _____, by chat available at _____, by telephone at _____, or by U.S. mail at the address listed above.

1 8. **You must notify the Settlement Administrator if your contact or payment information**
2 **changes after you submit your Claim Form. If you do not, even if you submit a valid claim**
3 **under the Settlement, you may not receive your Settlement payment.**
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Your claim must be submitted online or postmarked by: _____, 2024

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA
Smith-Washington, et al. v. TaxAct, Inc.,
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www.TaxActClassSettlement.com



Claim Form

I. YOUR CONTACT INFORMATION

Provide your name and current contact information. You must notify the Settlement Administrator if your contact information changes after you submit this form. NOTE: The personal information you provide below will be processed only for purposes of effectuating the Settlement.

First Name

Last Name

Street Address

City

State

Zip Code

Current Phone Number

Email Address

I filed a: _____ **Individual Return** _____ **Joint Tax Return**

If your contact information above is the same as the information associated with your TaxAct account at the time you used Tax Act services, continue to Section II. If different, please provide the contact information associated with your TaxAct account below:

First Name

Last Name

Street Address

[Empty box for Street Address]

[Empty box for City]

[Empty box for State]

City

State

Zip Code

[Empty box for Phone Number]

[Empty box for Email Address]

Phone Number

Email Address

II. METHOD OF RECEIVING PAYMENT (choose one)

Please select **one** of the following payment options for the cash component of the Settlement. Please make sure the email or phone number you provide to receive payment matches your contact information above.

PayPal - Enter your **PayPal email address**: _____

Venmo - Enter the **mobile number** associated with your Venmo account: _____-_____-____

Zelle - Enter the **email address or mobile number** associated with your Zelle account:

Physical Check – Payment will be mailed to the address provided above.

III. VERIFICATION AND ATTESTATION UNDER OATH

By signing below and submitting this Claim Form, I hereby swear under penalty of perjury that I am the person identified above and the information provided in this Claim Form is true and correct.

Your signature

Date: _____
MM DD YYYY

Your name

REMINDER CHECKLIST

1. Please make sure you completed all three parts of the Claim Form. Be sure to select only **one** payment option.
2. Please make sure that you signed and dated the Claim Form.
3. Please keep a copy of your completed claim form for your own records.
4. Please submit your completed Claim Form online OR by mail by _____, 2024 to: Smith-Washington, et al. v. TaxAct, Inc. c/o Settlement Administrator, [INSERT Address]