

Taxpayer Name:

T-Accounting & Tax Service LLC

www.ttaxtips.com

SSN: _____ DOB:____

Occupation:

Phone:_____ Email:_____

Address:

info@ttaxtips.com

410.342.1616 / 404-618-1102

Spouse Name:

SSN: _____ DOB:____

Occupation:

Phone: _____ Email: _____

Tax Year:_____

♀ 101 Devant Street | Fayetteville GA 30214

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ity:		State:	Zip:			
/hat was your marital status a	as of the last day of Decem	nber?: Married [Single			
Common forms (Mark if ap	plicable)	Other Info	Other Information (Mark if applicable)			
All W-2 Forms 1098 Mortgage Interest 1098-T Tuition, (MUST HAV 1099-MISC 1099-R Retirement accoun 1099-Int, 1099-Div Interest 1099-B Stock sales SSA-1099 Social Security 1095-A, B or C Health insu 1098-E Student loan intere 1099-SA Health Savings A 1099-C Cancelation of Deb	ts t or dividends urance information st ccount	☐ Tip Inc ☐ Worthl ☐ Bank a ☐ Teache ☐ Anythi ☐ Jury D ☐ Did yo ☐ Info or ☐ HUD-1 ☐ Did yo ☐ geothe	 □ Tip Income not reported elsewhere □ Worthless investments □ Bank accounts held outside the USA □ Teacher expenses \$ □ Anything else you might think we need □ Jury Duty Pay □ Did your kids make over \$1,050 in investment income? □ Info on sale or refinance of home. (Bring settlement statement HUD-1) □ Did you install energy efficient property (For solar panels geothermal, wind, fuel cells, must provide proof of purchase from contractor) 			
W-2G Gambling winnings	ss or trust	new dependents and all that	are over age 19			
K-1 Forms From a busines W-2G Gambling winnings	er relatives. *Only list any n	•		Dependent 4		
K-1 Forms From a busines W-2G Gambling winnings Pependents: Children or othe	ss or trust	new dependents and all that Dependent 2	are over age 19. Dependent 3	Dependent 4		
K-1 Forms From a busines W-2G Gambling winnings Pependents: Children or othe Name	er relatives. *Only list any n	•		Dependent 4		
K-1 Forms From a busines W-2G Gambling winnings Pependents: Children or othe Name SSN	er relatives. *Only list any n	•		Dependent 4		
K-1 Forms From a busines W-2G Gambling winnings Dependents: Children or othe Name SSN DOB	er relatives. *Only list any n	•		Dependent 4		
K-1 Forms From a busines W-2G Gambling winnings Pependents: Children or othe Name SSN DOB Relationship	er relatives. *Only list any n	•		Dependent 4		
K-1 Forms From a busines W-2G Gambling winnings Dependents: Children or othe Name SSN DOB Relationship Months lived in home	er relatives. *Only list any n	•		Dependent 4		
K-1 Forms From a busines W-2G Gambling winnings Pependents: Children or othe Name SSN DOB Relationship Months lived in home Full-time college student?	er relatives. *Only list any n	•		Dependent 4		
K-1 Forms From a busines W-2G Gambling winnings ependents: Children or othe Name SSN DOB Relationship Months lived in home Full-time college student? Estimated Income	er relatives. *Only list any n	•		Dependent 4		
K-1 Forms From a busines W-2G Gambling winnings Dependents: Children or othe Name SSN DOB Relationship Months lived in home Full-time college student? Estimated Income Adopted in? Y/N Direct Deposit Info: Account	Dependent 1 Number:	Dependent 2	Dependent 3	Dependent 4		
K-1 Forms From a busines W-2G Gambling winnings Dependents: Children or othe Name SSN DOB Relationship Months lived in home Full-time college student? Estimated Income	Dependent 1 Number:	Dependent 2	Dependent 3 Routing Number:			



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The following can be used as possible tax deductions.

For all of the following, IRS requires you to have receipts or other records as proof of expenses. Please retain for your records.

Gambling Winnings	(Bring W-2G)	Did you have unreimbursed wor	rk-related expenses?			
Gambling Losses	\$	Professional/Union Dues	\$			
		Professional publications/books	\$			
Did you make contri	butions to an IRA?	Uniforms	\$			
	Roth \$	Tools/supplies/safety equipment	\$			
Spouse Trad.\$	Roth \$	Airfare	\$			
		Mileage*Not commuting				
	ealth Savings account?	Food & Entertainment	Food & Entertainment \$			
Contributions	\$	Other (Parking, tolls, etc.)	\$			
Did you pay or recei	ve alimony? *Not child support	Did you have a home office exc	lusively used for business?			
Amt paid	\$	Total square ft. of home				
Amt Received	\$	Square ft. of office				
		Utilities	\$			
Did you pay medical	expenses?	Rent	\$			
Medical expenses	\$	Home repairs/maint	\$			
Health insurance prer	niums (not paid through your	Home Insurance	\$			
employer)		Security System	\$			
# of miles you drove f	or medical purposes	HOA fees	\$			
H.S.A Distributions – I	Bring in 1099-SA					
		Did you pay childcare expenses	?			
Did you pay any of the	he following taxes?	Provider name				
Property tax paid on y	our home \$	Provider SS#				
Property tax paid on a	any other properties:	Child name	Total \$			
Location	<u> </u>	Child name	Total \$			
Sales tax on large ne	w purchases such as car or boat.					
*Do not include regist	ration fees.	Do you have college expenses?	(1098-T required!)			
Item	Sales tax paid \$	Total paid for books	\$			
		Total paid for supplies	\$			
Did you pay any mor	rtgage interest? (1098)					
Bring in form 1098 fro	m each lender	Did you incur job hunt expense:	s looking for a new job in your			
		same occupation?				
Did you give money	to charity?	Travel	\$			
Charity	Amount \$	Meals	\$			
Charity	Amount \$	Postage/Printing	\$			
Charity	Amount \$	Other	\$			
Did you donate items	s to charity (DI, Salvation Army, etc.)?	Moved due to change in employ	ment?			
List estimated thrift		Miles from your old home to your new workplace				
	Amount \$	Miles from your old home to your				
	Amount \$	Hotel stay	<u> </u>			
	Amount \$	Gas	\$			
, <u> </u>		Mileage				
Did you volunteer wi	th a charity?	Cost to move your belongings	\$			
Miles driven in persor		, 5				
Unreimbursed Expens						
Signature:		D	ate:			