



# T-Accounting & Tax Service LLC

www.ttaxtips.com

info@ttaxtips.com

410.342.1616 / 404-618-1102

101 Devant Street | Fayetteville GA 30214

## HEAD OF HOUSEHOLD WORKSHEET

### Your Information

Your Full Name	Social Security	Birth Date	Occupation in current tax year
_____	_____	_____	_____

### Address & Contact Information

Mailing Address	City	State	Zip
_____	_____	_____	_____
Physical Address (If different, or if Mailing Address is a P.O. Box)	City	State	Zip
_____	_____	_____	_____
Cell Phone	Home Phone	Work Phone	Email Address
_____	_____	_____	_____

### Filing Status

Marital status at the end of current tax year  Single  Married

If married, did you live apart from your spouse during the last 6 months of current tax year?  Yes  No

By answering "Yes," you are confirming that if requested by the IRS, you can provide documentation that verifies your spouse did not live with you during the last 6 months of the year, such as a lease agreement, utility bills, a letter from a clergy member, or a letter from social services.

**IF YOU ANSWERED NO STOP HERE. YOU ARE NOT ALLOWED TO FILE HEAD OF HOUSEHOLD.**

### Dependents

First Name	Last Name	Birth Date	SSN	Relationship to You	#of Months Lived with you in current tax year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If requested by the IRS, what documentation can you provide that shows evidence of the relationship between you and each of your dependents

If requested by the IRS, what documentation can you provide that shows evidence that each of your dependents lived with you for the number of months stated above during current tax year (school, medical, childcare provider, social service records, etc.)?



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## EARNED INCOME (check all boxes that apply) W2

- |   |       |   |       |
|---|-------|---|-------|
| <input type="checkbox"/> Wages                          | _____ | <input type="checkbox"/> 1099-MISC          | _____ |
| <input type="checkbox"/> 1099-R Retirement accounts     | _____ | <input type="checkbox"/> 1099-Int           | _____ |
| <input type="checkbox"/> 1099-Div Interest or dividends | _____ | <input type="checkbox"/> 1099-B Stock sales | _____ |
| <input type="checkbox"/> SSA-1099 Social Security       | _____ | <input type="checkbox"/> Jury Duty Pay      | _____ |
| <input type="checkbox"/> Other Income                   | _____ |   |       |

## UNEARNED INCOME (check all boxes that apply)

- |  |       |   |       |
|--|-------|---|-------|
| <input type="checkbox"/> 1099-C Cancellation of Debt | _____ | <input type="checkbox"/> 1099-G Unemployment, state refunds | _____ |
| <input type="checkbox"/> W-2G Gambling winnings      | _____ | <input type="checkbox"/> Child Support                      | _____ |

## Government Assistance (TCA, Food Stamps, Daycare Subsidy, Housing Assistance)

- TCA \_\_\_\_\_
- Food Stamps \_\_\_\_\_
- Daycare Subsidy \_\_\_\_\_
- Housing Assistance \_\_\_\_\_

	Total Monthly Household Expenses	Amount Paid For You	Amount You Paid
Rent or Mortgage	\$ _____	\$ _____	\$ _____
Renter's or H/O Insurance	\$ _____	\$ _____	\$ _____
Utilities (Gas/Electric)	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Cable	\$ _____	\$ _____	\$ _____
Food	\$ _____	\$ _____	\$ _____
Daycare	\$ _____	\$ _____	\$ _____
Clothing	\$ _____	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____	\$ _____
Household Supplies	\$ _____	\$ _____	\$ _____
Medical Expenses	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

## Your Responsibilities

It is your responsibility to provide all the information required for the preparation of complete and accurate tax returns. You should retain all documents, cancelled checks, and other data that support your reported income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for your income tax returns, and therefore, you should review them carefully before you sign them.

**All information I have given is true and correct to the best of my knowledge. I also agree to and accept the Terms of Engagement.**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE