



T-Accounting & Tax Service LLC

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101 Devant Street | Fayetteville GA 30214

Client Application

Tax Year: _____

Tax Payer's Name: _____ SS#: _____ DOB: _____

Spouse's Name: _____ SS#: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Alt. Phone: (____) _____ Email: _____

Occupation: _____ Are you a student? Yes No (If yes, name school): _____

Dependents: Children or other relatives. *Only list any new dependents and all that are over age 19.

Name of Dependent	DOB	Social Security #'s	Relationship	Months Lived in Home

Child Care Provider: _____ Provider's EIN or SS#: _____

Provider's Address: _____ Amount Paid: \$ _____

DIRECT DEPOSIT INFO

Account Number: _____ Routing Number: _____

ITEMIZED DEDUCTIONS

SCHEDULE A

*MEDICAL EXPENSES - Examples: Dr. Visits, Co-pays, Prescription Drugs, Lab & X rays, Parking fees, Dentures, Glasses/Contacts, Hearing Aids, Orthopedic Shoes, Canes, Wheelchairs:

\$ _____ \$ _____ \$ _____ \$ _____
\$ _____ \$ _____ \$ _____ \$ _____

*CONTRIBUTIONS - Examples: Church Tithes, United Way, Red Cross, Salvation Army, March of Dimes, Boys/Girls Scouts:

\$ _____ \$ _____ \$ _____ \$ _____
\$ _____ \$ _____ \$ _____ \$ _____

*TAXES and INTEREST PAID - Examples: Real Estate Property Tax, Ad Valorem, Personal Property Tax, State Income Tax, Mortgage Interest, Home Mortgage Insurance, Student Loan Interest:

\$ _____ \$ _____ \$ _____ \$ _____
\$ _____ \$ _____ \$ _____ \$ _____

COLLEGE EXPENSES - Examples: Tuition & Fees, Books & Supplies:

\$ _____ \$ _____ \$ _____ \$ _____
\$ _____ \$ _____ \$ _____ \$ _____

EMPLOYEE JOB EXPENSES - Examples: Uniform attire, Education, Corp Cell Phone, Corp Travel, Vehicle Mileage, Work Tools, Union:

\$ _____ \$ _____ \$ _____ \$ _____
\$ _____ \$ _____ \$ _____ \$ _____

OUR PAYMENT POLICY:

Fees are not always able to be deducted from your tax return. These issues are out of our control. If for some reason, your return is held due to student loans, child support, or any other debt or reason, your payment is still due for services rendered within 15 days. If payment isn't received, our payment policy will stand as a legal document to represent us in small claims court. – Your Company

Signature: _____

Date: _____