



All information provided is confidential and will be utilized for tax preparation purposes only.

FILING STATUS (Please **CHOOSE ONE**):

- | | |
|----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Head of Household |
| <input type="checkbox"/> Married Filing Jointly | <input type="checkbox"/> Qualifying Widow w/Child |
| <input type="checkbox"/> Married Filing Separately | <input type="checkbox"/> Not Sure |

TAXPAYER INFORMATION:

Primary Taxpayer Full Legal Name: _____

SSN#: _____ Date of Birth: ____/____/____

Occupation: _____ IPPIN (6 digit from IRS): _____

Please **CHOOSE ANY** of the following that apply for 2020:

- | | |
|-------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Disabled | <input type="checkbox"/> US Armed Forces |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Served in Combat Zone |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Someone claiming you as a dep. |
| <input type="checkbox"/> Surviving Spouse | <input type="checkbox"/> Homeowner |
| <input type="checkbox"/> Student | <input type="checkbox"/> Buying home in 2-3 years |

SPOUSE INFORMATION:

Spouse Full Legal Name: _____

SSN#: _____ Date of Birth: ____/____/____

Occupation: _____ IPPIN (6 digit from IRS): _____

Please **CHOOSE ANY** of the following that apply for the Spouse in 2020:

- | | |
|-------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Disabled | <input type="checkbox"/> US Armed Forces |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Served in Combat Zone |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Someone claiming you as a dep. |
| <input type="checkbox"/> Surviving Spouse | <input type="checkbox"/> Spouse filed a separate return |
| <input type="checkbox"/> Student | <input type="checkbox"/> Lived apart from Spouse |

MAILING ADDRESS INFORMATION:

Home Address (NO P.O. Boxes): _____

City: _____ State: _____ Zipcode: _____

Email: _____

Phone Number: _____ Alt Phone Number: _____

Resident State: _____

FINANCIAL INFORMATION FOR DIRECT DEPOSIT:

Checking Savings

Bank Name: _____

Routing#: _____ Account#: _____

Mother's Maiden Name (security question): _____

IDENTIFICATION INFORMATION:

Taxpayer Driver's License Number: _____

State: _____ Issue Date: _____ Expiration Date: _____

Spouse Driver's License Number: _____

State: _____ Issue Date: _____ Expiration Date: _____

DEPENDENT INFORMATION:

Dependent #1 Full Name: _____

SSN#: _____ Date of Birth: ____/____/____

Relationship: _____

- | | |
|-------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Daycare |
| <input type="checkbox"/> Dependent worked | Daycare Fee Total \$ _____ |

Dependent #2 Full Name: _____

SSN#: _____ Date of Birth: ____/____/____

Relationship: _____

- | | |
|-------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Daycare |
| <input type="checkbox"/> Dependent worked | Daycare Fee Total \$ _____ |

Dependent #3 Full Name: _____

SSN#: _____ Date of Birth: ____/____/____

Relationship: _____

- | | |
|-------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Daycare |
| <input type="checkbox"/> Dependent worked | Daycare Fee Total \$ _____ |

Dependent #4 Full Name: _____

SSN#: _____ Date of Birth: ____/____/____

Relationship: _____

- | | |
|-------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Daycare |
| <input type="checkbox"/> Dependent worked | Daycare Fee Total \$ _____ |

DAYCARE OR PRIVATE SCHOOL INFORMATION:

Institution or Individual Name #1: _____

Tax ID or SSN#: _____ Total Amount Paid: \$ _____

Address: _____

City: _____ State: _____ Zipcode: _____

Institution or Individual Name #2: _____

Tax ID or SSN#: _____ Total Amount Paid: \$ _____

Address: _____

City: _____ State: _____ Zipcode: _____

Institution or Individual Name #3: _____

Tax ID or SSN#: _____ Total Amount Paid: \$ _____

Address: _____

City: _____ State: _____ Zipcode: _____

Institution or Individual Name #4: _____

Tax ID or SSN#: _____ Total Amount Paid: \$ _____

Address: _____

City: _____ State: _____ Zipcode: _____

CONTINUING EDUCATION INFORMATION:

Did you or any of your dependents attend **COLLEGE/TRADE SCHOOL** in 2020?

******* If YES, please provide FORM 1098-T**

Student Name #1: _____

Cost of Tuition (not reported on 1098-T) \$ _____

Cost of Books \$ _____ Cost of Supplies/Equipment \$ _____

Student Name #2: _____

Cost of Tuition (not reported on 1098-T) \$ _____

Cost of Books \$ _____ Cost of Supplies/Equipment \$ _____

Student Name #3: _____

Cost of Tuition (not reported on 1098-T) \$ _____

Cost of Books \$ _____ Cost of Supplies/Equipment \$ _____

TAXPAYER EXPENSES:

Taxpayer Student Loan Interest: \$ _____

Spouse Student Loan Interest: \$ _____

Medical: \$ _____

Dental: \$ _____

Vision: \$ _____

General Sales Tax on Purchases: \$ _____

Vehicle Registration Fees: \$ _____

Charitable Donations (Church, Temple etc): \$ _____

Donations (Goodwill/Salvation Army etc): \$ _____

Charitable Work Mileage: _____

Donated Vehicle or Boats: _____

(If not reported on W2)

Taxpayer IRA Contribution: \$ _____

Traditional

ROTH

Spouse IRA Contribution: \$ _____

Traditional

ROTH

HOMEOWNER EXPENSES: (not for Landlords)

******* If NOT found on FORM 1098, please provide amounts below:**

Mortgage Interest: \$ _____

Mortgage Insurance: \$ _____

Personal Property Taxes: \$ _____

Real Estate Taxes: \$ _____

Flood/Hazard Insurance: \$ _____

Solar Related Purchases: \$ _____

ADDITIONAL TAXPAYER INFORMATION: Please select **ANY** that apply:

Self-Employed (Landscaper, Uber)

Paid Alimony

Small Business Owner/LLC

Armed Force Reservist

Landlord (has Rental Property)

Government Official

Sold Stocks in 2020

Entertainer/Performing Artist

ECONOMIC IMPACT PAYMENT/STIMULUS QUESTIONS

Did you receive the 1st EIP (\$1200 per)? Yes No

If yes, how much did you receive? \$ _____

Did you receive the 2nd EIP (\$600 per)? Yes No

If yes, how much did you receive? \$ _____

By signing this document you are acknowledging that all information provided in this paperwork is true and accurate. This is also an acknowledgement of consent to provide tax preparation including e-file transmission to IRS for federal and state filing, processing of file via OLT software and EPS financial bank. I acknowledge payment to be provided by either deduction from tax return or payment at time of service.

Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Thank you for choosing us for your 2020 tax preparation!

During tax season, our company strives to provide above all:

Peace of Mind and Excellent Customer Service.

Let us know how we can better serve you and improve our business.

Please let others know about us! We love your referrals!

Again, we thank you for giving us the opportunity to serve you.

*For any and all tax related questions, please e-mail us at
tsimmons@tssfg.com*