

## **Client Profile Sheet - Tax Year 2024**

	•	3 Date				
Did you receive any Ur		ustomer Type: No nents in 2024?				
If yes, enter the total	• •					
Filing Status (only one ( ) Single ( ) Married Filling Joint ( ) Married Filing Separate ( ) Head of Household ( ) Widow(er) w/ Child	( ) RT	ays) 5 \$6,000	How did you hear about us?  ( ) Walk In ( ) Advertisement Type ( ) Referred By: Phone # (*required*): ( ) Other:			
How would you like to rece Have you been audited in t Are Taxpayer and Spouse le Interested in speaking with	he past 5 years? egally married? us about Life Insuranc		lo lo	Deposit		
Did you purchase <b>Heal</b>	th Insurance throu	gh the Market	place (hea	lthcare.gov	) in 2024?	Yes No
Taxpayer Name						
Date of Birth	Тахра	yer SS#				
Address			City	S <sup>.</sup>	tate	ZIP
Cell Phone				_ Wo	rk Phone	
Email						
Spouse Name						
Date of Birth		se SS#				
Address						
Cell Phone				_ Wo	rk Phone	
Email		<b>S</b> (please list the *YO	UNGEST* depe	endant FIRST)		
First Name	Last Name	SS#	Age	Date of	Birth	Relationship
TNT Tax Office, LLC will pre information you furnished taxpayer(s) named above, l information is true.	us. You, the taxpayer, a	re ultimately res	ponsible for	the preparati	on and filing	g of your return. I, the
Taxpayer's Signature	Date	<del>-</del>	Spouse's	Signature		Date

Thank you for your Patronage



## **TAX DECLARATION**

## ALL RETURNS:

	Yes	No
Have you provided correct identification numbers (photocopies if possible)? Do the names of the return match your social security records, children included?		
Are you legally married based on your state's legal definition of marriage?  If yes, did your spouse live in your home at any time during July through December?		
Can someone else claim you/spouse as dependent?		
Did you/spouse receive any kind of military pay earnings?		
Did you/spouse receive any kind of housing allowances or government assistance?		
Did you/spouse live with anyone with a higher adjusted gross income?  If yes, but renting a room, do you have a rental agreement?		
DEPENDENTS AND/OR QUALIFYING CHILDREN:	Yes	No
DEPENDENTS AND/OR QUALIFYING CHILDREN:  Have you verified your dependent's birthday information as entered in the return?	Yes	No
DEPENDENTS AND/OR QUALIFYING CHILDREN:  Have you verified your dependent's birthday information as entered in the return?  Did you/spouse provide over 50% of total support for each dependent?	Yes	No
Have you verified your dependent's birthday information as entered in the return?	Yes	No
Have you verified your dependent's birthday information as entered in the return?  Did you/spouse provide over 50% of total support for each dependent?  Do your EIC qualifying children meet any one of these requirements:  Under age 19 and lived in the taxpayer's home more than one half year?  Under age 19 and foster child of taxpayer ad lived in taxpayer's home full year?  Full time student age 19 to 23?	Yes	No
Have you verified your dependent's birthday information as entered in the return?  Did you/spouse provide over 50% of total support for each dependent?  Do your EIC qualifying children meet any one of these requirements:  Under age 19 and lived in the taxpayer's home more than one half year?  Under age 19 and foster child of taxpayer ad lived in taxpayer's home full year?  Full time student age 19 to 23?		