**TG Tax Services LLC,**

**Atlanta, Ga30296**

**(678)763-1337**

[**tgtaxservices@gmail.com**](mailto:tgtaxservices@gmail.com)

**www.tgtaxservices.com**

**Client Information**

***To ensure optimum tax service and to always maintain accurate records, TG Tax Services, LLC. Requires all customers to complete this form and its entirety.***

**Tax Payers Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_**

**Drivers Lic#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Issue Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Email*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt#\_\_\_\_\_\_ City, ST, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell) \_\_\_\_\_\_\_\_\_\_\_\_**

**Spouse Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Drivers Lic#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Issue Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Email*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell) \_\_\_\_\_\_\_\_\_\_\_\_**

**Filing Status**

**\_\_\_Single \_\_\_Head of Household \_\_\_Married Filing Joint \_\_\_Married Filing Separate**

**Source of Income**

**\_\_\_\_W2 Employee \_\_\_\_\_ 1099 Contractor \_\_\_\_Self Employed \_\_\_\_\_ Other**

**Disbursement Method: \_\_\_\_Direct Deposit \_\_\_\_Check \_\_\_\_ Card**

**Direct Deposit Information**

**Bank / Financial Institute Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking \_\_\_\_ Savings \_\_\_\_\_**

**Routing#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Taxpayers Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_**

**Spouse Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_**

**EIC Information (Earned Income Credit/Dependent)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dependent Name** | **Birthdate** | **SSN** | **Relation to You** | **Months**  **dependent lived with you (1-12mos)** | **Dependent disable Yes or No** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| 4. |  |  |  |  |  |

**Child Care Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Care Providers**  **Name & Address** | **Care Providers EIN#** | **Amount Paid** | **Dependents Name** |
|  |  |  |  |
|  |  |  |  |

**\*Incurred in order to work Children must be under age 13, Overnight camp does not qualify Private School (K and Up) does not qualify unless you can separate the cost of care from the cost of tuition.**

**I hereby swear & Attest that the dependent/s above meet the following :Is Son,Daughter,Stepchild or Descendent of such ,Is Brother, Sister or half -brother/half -sister ,Is step sibling or descendent of step sibling Adopted child or Foster child(placed by authorized agency) All the claimed dependents have lived within the home in the United States for more than half a year .The dependent/s age is written above and I affirm that this is less than or equal to 19 or they are a Full-Time Student and or Permanently/Totally Disabled.**

**Taxpayers Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**

**Spouse Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_**

**PERSONAL DATA**

(**Please check all of items that are applicable to the primary or spouse of the return.**

**And submit all required documents that applies to you.)**

 Are you a homeowner? Purchase Date: \_\_\_\_\_\_ □ Do you own more than one home?

 Are you active Military? 􀀀 Do you own rental property? (Address Please)

 Do you have unreimbursed employee expenses? 􀀀 Do you have educational expense?

 Do you own a business? \_\_\_Yes \_\_\_No C-Corp S-Corp LLC Partnership Sole Proprietor

 Do you have any outstanding debts? (Defaulted student’s loans, prior year back taxes, back child support, etc.) Yes \_\_\_\_ No \_\_\_\_\_

 Social Security Cards (including self, spouse, & dependents)

 Driver’s License or ID Card

 Education Expense: 1098T

 Prior Year Taxes

**EMPLOYMENT & INCOME DATA**

 W-2 forms for this year

 Unemployment compensation: Form(s) 1099-G

 Miscellaneous income including rent: Form(s) 1099-MISC

 Pensions and Annuities: Form(s) 1099-R

 Social Security Benefits: Form(s) SSA 1099

 State and Local Income Tax Refunds: Form(s) 1099-G

 Gambling and Lottery winnings: Form W-2G

 Interest Income: 1099 INT

 Dividend Income: 1099 INT

 Proceeds from Stocks: 1099-B

 Sale of Home Income (Loss): 1099-B

 Cancellation of Debt: 1099-C

 Bankruptcy: 1099-A

 Tip / Other Income

**ITEMIZED DEDUCTIONS**

 Mortgage Interest Statement: Form(s) 1098

 Real Estate Taxes Paid

 Personal Property Taxes: Ad Valorem

 Charitable Donations

 Church Tithes & Offering

 Unreimbursed Job Expenses

 Unreimbursed Medical Expenses

 Current year settlement statement (purchase of new home/refinance)

**ADJUSTMENTS**

 Student Loan Interest Paid

 IRA Contributions

 Moving Expenses

 Tuition and Fees

**Notes/ Additional Information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I attest that all information that is given on this data sheet and to the preparer is true and accurate to the best of my knowledge and is subject to possible IRS or State review. I understand that I am solely responsible for all fees which are due at the time of service no later than 30 days after transmission of information to the IRS. TG Tax Services, LLC. will take all necessary steps required to collect outstanding debts Including Auto Collect using the banking information I’ve provided; we also report to a collection agency as well as all three-credit bureaus via your SSN) for my 2022 tax return prepared year 2023**

**Taxpayers Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Spouse Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TG Tax Services LLC**

**Atlanta, Ga 30296**

**(678)763-1337**

[**www.tgtaxservices.com**](http://www.tgtaxservices.com)

[**tgtaxservices@gmail.com**](mailto:tgtaxservices@gmail.com)