



Have ready a picture ID and Social Security card.

TAX YEAR:

DATE:

PRIMARY TAX PAYER'S NAME:		OCCUPATION:			
ADDRESS:		DOB: / /		SOCIAL SECURITY#: - -	
PHONE:		APT:	CITY:	STATE:	ZIP:
EMAIL:					
IDENTITY PROTECTION PIN:					
SPOUSE NAME:		OCCUPATION:			
SPOUSE ADDRESS(If Different):		DOB: / /		SOCIAL SECURITY#: - -	
PHONE:		APT:	CITY:	STATE:	ZIP:
EMAIL(Optional):		FILING STATUS (Circle one):			
IDENTITY PROTECTION PIN:		<div style="display: flex; justify-content: space-between;"> <span>HOH</span> <span>SINGLE</span> </div> <div style="display: flex; justify-content: space-between;"> <span>QUALIFIED WIDOWER</span> <span>MFJ</span> <span>MFS</span> </div>			

Please check box to opt-in to receive SMS updates and other account information from TMJ Financial Services.

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*CAN SOMEONE ELSE CLAIM YOU, YOUR SPOUSE, OR YOUR DEPENDENTS AS A DEPENDENT ON THEIR TAX RETURN?	YES	NO
*DID YOU GET HELP FROM FAMILY MEMBERS?	YES	NO
*DID YOU GO TO SCHOOL OR MOVE FOR A JOB IN THE LAST YEAR?	YES	NO
*DO YOU PAY FOR CHILDCARE?	YES	NO

**DEPENDENT INFORMATION**

WHAT'S YOUR DEPENDENT'S FULL NAME?	DEPENDENT'S SOCIAL SECURITY NUMBER?	DEPENDENT'S RELATIONSHIP TO YOU?	DID YOUR DEPENDENT LIVE WITH YOU DURING THE TAX YEAR?	FOR HOW MANY MONTHS? (0-12)	DEPENDENT'S DATE OF BIRTH?	IF OVER 18: STUDENT UNDER 24 OR DISABLED AT ANY AGE?
	- -		Y N		/ /	
	- -		Y N		/ /	
	- -		Y N		/ /	
	- -		Y N		/ /	

**ATTESTATION STATEMENT**

I/WE ATTEST THAT ALL INFORMATION SUPPLIED AND CONTAINED IN THIS TAX RETURN IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

TAXPAYER SIGNATURE:	DATE:	TAX PREPARER SIGNATURE:	DATE:
SPOUSE SIGNATURE:	DATE:		
HOW DID YOU HEAR ABOUT US?			

**(FOR BUSINESS CLIENTS ONLY)**

TIN/EIN:

**BUSINESS NAME:**

What type of business do you have? \_\_\_\_\_

Did you make any large purchases and or investments this year? ☐ YES ☐ NO

Do you have: Business cards: ☐ YES ☐ NO

How many years have you been in business? \_\_\_\_\_

Advertising: ☐ YES ☐ NO

Records of Income? ☐ YES ☐ NO