



COME PREPARED "CHECKLIST"

1. **Valid Driver's License/ID or Passport (Not Expired)**
2. **Copy of Social Security Card(s) for EVERYONE listed on the return.**
3. **Copy of Birth Certificate for ALL dependents. NO EXCEPTIONS!**
4. Proof of residency: a) **A LEASE** which lists dependents as occupants, b) School /Daycare Record, Health Insurance document **1095C** My Access eligibility that has the child(ren) **NAME** and **ADDRESS** of the child(ren) listed on the return.
5. Proof of Income: **W2's/1099's, UNEMPLOYMENT (1099G), 401K (1099R), Social Security Statement (1099 SSA)** etc.
6. Proof of Health Insurance (**If you had Marketplace/Obamacare, you MUST have the 1095A..NO EXCEPTIONS** or your refund will be delayed up to 9 weeks).
7. If you are claiming **Head of Household**, please bring **6 MONTHS** of **Utility Bills (light or water)** for the address in which you resided in 2024, your **Lease or Mortgage Interest** for 2024 or 6 months of **bank statements**.

NOTE: Failure to provide HEAD OF HOUSEHOLD documents will result in a filing status of SINGLE.

IF YOU ARE SELF EMPLOYED

1. All of the above applies (with the exception of #5 if you were self-employed all year).
2. Proof of Income (ex. Bank Statements/Appointment Calendars/Ledger of Income earned or a Schedule C)
3. Business License (if available)
4. Proof of business expenses (Receipts/Cancelled Checks/Invoice paid/mileage log/repair receipts).

1507 Park Center Dr. Ste. #1G

Orlando, FL 32835

Office: (407) 985-2889

Fax: (877) 203-7502

Send Completed forms to email: INFO@TNTEXPRESSTAXSVC.COM



TNT

TAX SERVICES

As of _____ I _____ have either emailed or presented **ALL** my income and other documents that I intend to claim on my tax return whether it's **W2's, UNEMPLOYMENT (1099G), 401K (1099R), Social Security or self-employment.** I am aware that failure to present any income during the time of service may result in my tax return being held or amended. There will be a **\$350 charge** for **ANY** amendment, audit or letter received from the IRS in reference to your return.

The payment is required prior to the service being rendered.

Signature

Date

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Orlando, FL 32835
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TNT TAX SERVICES

As of _____ I _____ am aware that there is a possibility of my tax return being audited. There will be a **charge** starting at **\$350** for **ANY** amendment, audit or letter received from the IRS in reference to your return. **This payment is required prior to the service being rendered.**

For non-TNT TAX clients, amendments start at \$500.

Signature

Date

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TNT TAX SERVICE

Primary Taxpayer Information

First Name:	Last Name:	M.I.:
Email Address:	Text Msg: Yes/No	Cellphone Carrier:
S.S.N.:	Birthdate:	Taxpayer's IPPIN:
Home Phone:	Work Phone:	Cell Phone:
Occupation:	Are you a Dependent on another return? Yes No	Legally Blind? Disabled?

Filing Status (Circle which Status number applies)

- 1 = Single** If: You were NOT married on or before December 31, 2024.
Your dependents lived with you less than 6 months during the year.
- 2 = Married Filing Joint** If: You were married as of December 31, or your spouse passed during 2024.
- 3 = Married Filing Separate** If: You were married on or before December 31, 2024, and your spouse is filing a tax return using this filing status.
Did you live together at ANY time during the tax year? Yes No
* If yes, did you live together during the final 6 months? Yes No
* If **MFS**, did your spouse itemize his/her deductions? Yes No
*** NOTE: If your filing status is MFJ or MFS please complete the spouse information.**
- 4 = Head of Household** If: You were NOT married as of December 31, 2024.
Your child, foster child, or grandchild lived with you for more than 6 months.
- 5 = Qualified Widow(er)** If: Your spouse passed during either 2022 or 2023, and your child, stepchild or foster child lived with you for 12 months in 2024.

Spouse Information (MFJ or MFS)

First Name:	Last Name:	M.I.:
S.S.N.:	Birthdate:	Spouse's IPPIN:
Home Phone:	Work Phone:	Cell Phone:
Occupation:	Are you a dependent on another return? Yes No	Legally Blind? Disabled?
Email Address:	Text Msg: Yes/No	Cell Phone Carrier

Address

Street Address:	Apt. #:
City:	State: Zip Code:
Military Address Info: (1=APO/FPO, 2=Stateside, 3=Foreign or Blank)	Combat Zone:
Did your address change in 2024? Y/N	Do you have proof of your address change? Y/N
Does the address on the return differ from your W2? Y/N	
Are you a returning client? Y/N	If new, who referred you?

Bank Information

Bank Name:	Account Type:	Checking Savings	Routing Number:	Account Number:
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Please verify that the account information is correct. Once the return is submitted, you will not be able to update your bank information. Providing the incorrect bank information may result in a delay in your refund.

Supplemental Income Verification

Did you receive any government assistance to support the child/children? **Y/N**

Assistance received: Please circle all that apply. **Medicaid, Housing, Food Stamps, TANF**

Are you receiving assistance paying your mortgage, rent or utility bills? **Yes or NO**

Who? _____

If your income is below \$23,000, does someone live with you to assist you with your monthly expenses? **Yes or No**

Who? _____ Amount: _____

Did you purchase insurance through the **MARKETPLACE/OBAMACARE**? **Y/N** If yes, please provide your **1095A**.

Dependents

Do any of the dependents listed below have an IPPIN(Identity Theft Pin Number provided by the IRS)? Y/N

First Name	Last Name	Birthdate	SSN	Relationship	# of Months	Dep. Code	EIC

Enter the dependents name, birthdate, SSN, Relationship, number of months lived with the taxpayer, starting with the youngest dependent. Refer to the information below for Dep. and EIC Codes.

Dependent Codes

- 1 = Lived with Taxpayer
- 2 = Lived Elsewhere
- 3 = Taxpayer's parent
- 4 = Other Dependent

EIC Codes

- E = Eligible as of December 31, 2024, under the age of 19
- S = Student as of December 31, 2024, under the age of 24 and full-time student
- D = Disabled as of December 31, 2024, Permanently & totally disabled, at any age
- K = Qualifying Child was Kidnapped
- N = Not eligible

Child Tax and Earned Income Credit

Number of Children under age 17 (CTC)

Number of Children under age 19 (EIC)

Number of Children between age 17 & 24, full time student (EIC)

Number of Children Totally Disabled (EIC)

See Dependents Table above

Include Form 8862 - Information to Claim EIC After Disallowance?

Total Amount Paid:

CHILDCARE CREDIT

Number Cared for:

A. If married, did both, Taxpayer and Spouse work during the time of dependent care? Yes ___ No ___

B. If no to A, was Taxpayer or Spouse disabled or a full-time student for more than 5 months? Yes ___ No ___

Disabled ___ Student ___

If no to A and B, this return is not eligible for dependent care credit

DAYCARE NAME: #1 Information

Name	SSN or EIN	Amount Paid
Address		\$
Child Name:		

DAYCARE NAME: #2 Information

Name	SSN or EIN	Amount Paid
Address		
Child Name:		

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WAGES and SALARIES (Use Actual Form W-2 for Data Entry)			
Taxpayer W2'S/1099		Total W2's (Required)	
PLEASE PROVIDE ALL W2'S/1099'S		(How Many)	
Spouse W2'S/1099		Total W2's (Required)	
PLEASE PROVIDE ALL W2'S/1099'S			
INTEREST AND DIVIDEND INCOME (Use Actual Forms 1098, 1099B, 1099-INT, 1099-DIV for Data Entry)			
Payer's Name	Interest Earned	Dividends	Withholding
PLEASE PROVIDE ALL FORMS			
Unemployment Income 1099G			
Social Security, from Form 1099 SSA			
Other Income:			
2 Prior Year's State and Local Income Tax Refund			
Gambling Income (W2G)			
Other Income Subject to Self-employment Tax /SCH C			
Business Income/(Loss)			
IRA OR Pension Distribution from 1099R: Did you withdraw any money from your 401K?			
ADJUSTMENTS			
Student Loan Interest Deduction			
IRA Contributions (Limit of \$5,000 per taxpayer, if over 50 limit is \$6,000)			
Tuition and Fees Deduction			
COLLEGE CREDITS			
Did you or your dependent attend college in 2024? Y/N What college did you attend?			
Did you receive education credits in the past? Y/N When?			
How did you pay for tuition and books?			
Lifetime Learning qualified expenses			
Did you receive a 1098T or do you have a school schedule/transcript?			
Deductions			
YES NO	Did you purchase a new car, boat, RV in 2024? If yes, please provide the bill of sale.		
YES NO	Did you work from a home office or use your vehicle for business?		
YES NO	Did you receive income from a sharing/gig economy activity? e.g. Airbnb, Uber, 1099NEC, etc		
YES NO	Did you own a business or an interest in a partnership, LLC, corporation?		
YES NO	Have you claimed a loss on this business more than 2 years?		
YES NO	Did you purchase or sell a main home during 2024? If yes, please provide documentation.		
YES NO	Did you refinance your mortgage or take a home equity loan? If yes, please provide documentation.		
YES NO	Did you make any energy-efficient improvement to your home? If yes, please provide documentation.		
YES NO	Do you have any out of pocket medical or dental expenses? Example: Copays or Deductible		
PLEASE ANSWER ALL OF THE QUESTIONS ABOVE.			

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EARNED INCOME CREDIT

Part I: Qualifications

Could you, or your spouse if filing jointly, be considered a "Qualifying Child" on another person's tax return during tax year 2024?

Yes

No

NOTE: If you answered "Yes", you are not able to qualify for the earned income credit (skip Part II and Part III).

Part II: Qualifying Children

Child 1

Child 2

Is the Child:

The Taxpayer's Son, Daughter, or adopted child OR
A child of the Taxpayer's son, daughter or adopted child OR
The Taxpayer's stepchild OR
The Taxpayer's eligible foster child?
The Taxpayer's niece, nephew or grandchild?

Name

Name

Yes

No

Yes

No

If the child is married, are you claiming this child as a dependent?
(If child is not married, then simply mark yes)

Yes

No

Yes

No

Did the child live with you in the United States for over half of the year, OR
The full year if the child is an eligible foster child?

Yes

No

Yes

No

Was the child, at the end of the year:

Under age 19 OR

Under age 24 and a full-time student OR

Any age and permanently and totally disabled?

Yes

No

Yes

No

Could any other person check "Yes" on lines 9 through 12 for the child?

Yes

No

Yes

No

Did you provide more than half financial support for the child/ren?

Yes/No

If filing status is single or head of household, where is the non-custodial parent?

Did the non-custodial parent provide financial support during 2024?

Yes/No

Amount:

Amount:

Please provide proof of relationship to the child in which you are claiming.

● If you checked "No" on any of the first four questions above, then:

The child is not the taxpayer's qualifying child. If the taxpayer does not have a qualifying child, go to part III" to see if the taxpayer can claim the EIC for people who do not have qualifying children

Part III: Earned Income Credit for Taxpayers without a Qualifying Child

Was your main home, and your spouse if filing jointly, in the United States for more than half the year? Yes No

(Military personnel on extended active duty outside the U.S. are considered living in the U.S. during that period.)

NOTE: If you answered "No", you are not able to qualify for the earned income credit.

PLEASE ANSWER ALL QUESTIONS ON THIS PAGE.

TAXPAYER QUESTIONNAIRE REVIEW

The above information is true and correct, and I/we understand that the information given on this questionnaire will be used to complete my/our 2024 tax return(s). I/We agree to hold TNT TAX SERVICE harmless for any errors that they may make on my / our tax return. I/We understand that error on my/our return will cause a delay in the processing of the return and the receipt of the refund, if any, correct and true to the best of my knowledge. I/We are using TNT Tax Service LLC as the tax preparer for my Federal, State, or local return based on the information provided in this form and any part of the interview. TNT Tax Service LLC may transmit my return electronically to the IRS and/or State. Once the IRS and/or State accepts my return, TNT Tax Service no longer has control of my return. I further understand that if I apply for AR, TNT Tax Service is not in control of:

1. The bank may deny a request for AR on all or part of my loan. If so, I/We will receive any balance when the IRS deposits my refund into my account.
2. The EITC (Earned Income Tax Credit) portion of my tax return may cause the IRS to delay depositing my return into my bank.
3. Failure to provide all documents at time of service may result in a \$200 fee added to your tax return until documents are received.
4. I understand that if I have any outstanding IRS debts (student loans, child support, IRS etc.) I may not receive a portion, or all my tax return and I am responsible for any unpaid balance to TNT Tax Service LLC. Failure to pay an unpaid balance to TNT Tax Service LLC may result in my balance being reported to the debt collector.
5. Failure to complete each required line will NOT result in an error on the Tax office.
6. I/We have received a copy of my tax return and aware that there is a \$25 fee for additional copies.

Please Sign!

Taxpayer Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

FINANCIAL PRODUCTS

Identification Information: Bank Products require at least 1 of the following forms of ID

☐ Driver's License ☐ DMV/BMV State ID ☐ Military ID ☐ US Passport/Resident Alien ID

Taxpayer: DL NUMBER _____ STATE _____ ISSUE DATE: _____ EXP. DATE _____

Spouse: DL NUMBER _____ STATE _____ ISSUE DATE: _____ EXP. DATE _____

What is your Mother's Maiden Name? (REQUIRED)

RAL Application Information:

If filing a joint return, who is borrower?

T = Taxpayer Only; S = Spouse Only; B = Both Taxpayer & Spouse

RAL Application Military Personnel Questions:

Is the taxpayer a regular or reserve member of the Army, Navy, Marine Corps, Air Force or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer? ☐ Yes ☐ No

I am a dependent of a member of the Armed Forces on active duty as described above, because I am the member's spouse, the member's child under the age of eighteen years old or I am an individual for whom the member provided more than one-half of my financial support for 180 days immediately preceding today's date.

Please check yes or no and then initial next to the loan option of your choice.

☐ Yes ☐ No

I WOULD LIKE TO APPLY FOR THE CASH ADVANCE LOAN.

Loan option #1: \$250, \$500 or \$1000 ☐ **Loan option #2:** Max provided by the bank ☐

With the IRS removing the Debit Indicator (DI), there is a chance that a RAL can be declined.

Some reasons for not getting a RAL are:

1. IRS says you owe back taxes.
2. IRS says you have a current garnishment.
3. Your tax return meets a certain profile that the bank finds unfavorable.
4. IRS is auditing your Earned Income Credit
5. Earned Income Tax Credit (EITC) is claimed and an EITC qualifying child is a foster child.
6. Dependent different from last year's return
7. Primary taxpayers are less than 18 years old.
8. The refund amount minus EITC is less than \$0.
9. The refund amount is greater than \$9999.99.
10. You have an outstanding debt with any bank that provides RALs.

PLEASE NOTE - WE DO NOT HAVE ANY CONTROL OVER THE ABOVE REASONS!

Taxpayer Initial _____ **Spouse Initial** _____

I understand that all information I have provided on this form is true. If any of this information is incorrect, I that a formal will be sent by the bank if I am denied for a RAL.

In addition, I understand that my refund may be provided to me in more than 1 check.

Please Sign!

Taxpayer Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Process Checklist (to be included in customer file)

- ☐ Make copies of DL, Social Security cards, Birth Certificates and all W2's and documents.
- ☐ Interview Sheet filled out.
- ☐ Copy of tax return given to client Date: _____ Given By: _____

1040**US****Business Income (Schedule C)**No.

Please enter all pertinent amounts.

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, state, ZIP code, if different from Form 1040	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual		
Inventory method: 1=cost, 2=lower c/m, 3=other		
1=change of inventory method		
1=spouse, 2=joint		
1=first Schedule C filed for this business		
1=W-2 earnings as statutory employee		
1=not subject to self-employment tax		
1=did not "materially participate"		
1=investment		
1=minister's Schedule C		

INCOME

	Current Year	Prior Year
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		

Inventory at end of the year

1040**US****Business Income (Schedule C) (cont.)**No.

Please enter all pertinent amounts.

EXPENSES**Current Year****Prior Year**

Accounting.

Advertising.

Answering service.

Bad debts from sales or service.

Bank charges.

Car and truck expenses (not entered elsewhere).

Commissions.

Contract labor.

Delivery and freight.

Dues and subscriptions.

Employee benefit programs.

Insurance (other than health).

Mortgage interest (paid to banks, etc.).

Other interest (not entered elsewhere).

Janitorial.

Laundry and cleaning.

Legal and professional.

Miscellaneous.

Office expense.

Outside services.

Parking and tolls.

Pension and profit sharing plans - contributions.

Pension and profit sharing plans - admin. and education costs.

Postage.

Printing.

Rent - vehicles, machinery, & equipment (not entered elsewhere).

Rent - other.

Repairs.

Security.

Supplies.

Taxes - real estate.

Taxes - payroll.

Taxes - sales tax included in gross receipts.

Taxes - other (not entered elsewhere).

Telephone.

Tools.

Travel.

Total meals and entertainment in full (50%).

Department of Transportation meals in full (75%).

Uniforms.

Utilities.

Wages.

Other expenses:

NOTE: If you purchased or disposed of any business assets, please notify us.