



10000 W. 11th Street, Suite 100
 Overland Park, KS 66211
 Phone: 913.241.1111
 Fax: 913.241.1112
 Email: info@ttsks.com

Please complete each field as best as possible. If you are an existing client and your information is the same just select existing client and update any new information.

New Client

Existing Client

Primary Taxpayer Information				
First Name	MI	Last Name		
Date of birth:		SSN:		
Home Phone		Work Phone		
Job Title				
Do you have health insurance coverage: Yes <input type="checkbox"/> No <input type="checkbox"/>		Email Address:		
Can you be claimed as a dependent on another return? Yes <input type="checkbox"/> No <input type="checkbox"/>	Legally Blind Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a US citizen? <input type="checkbox"/> Yes No <input type="checkbox"/>
Address				
Street Address				
City	State	Zipcode	Apt/Lot/Unit#	
Military Address (1= APO, 2= Stateside, 3= Foreign or Blank)				
E-mail:				
Fax:				
Spouse				
First Name	MI	Last Name		
Date of birth:		SSN:		
Home/Cell Phone		Work Phone		
Job Title				
Do you have health insurance coverage: Yes <input type="checkbox"/> No <input type="checkbox"/>		Email Address:		
Can you be claimed as a dependent on another return? Yes <input type="checkbox"/> No <input type="checkbox"/>	Legally Blind Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a US citizen? <input type="checkbox"/> Yes No <input type="checkbox"/>
Bank Information				
Bank Name:		Will this refund go to an account outside of US? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Routing Number:	Account Number:	Account Type:		



- 1 = Single If: You were NOT married on or before December 31st of the last year.
Your dependents lived with you less than 6 months during this year.
 - 2 = Married Filing Joint If: You were married on or before December 31st of the last year, or your spouse died during last year.
 - 3 = Married Filing Separate If: You were married on or before December 31st of the last year and your spouse is filing a tax return using this status.
 - If MFS, 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 spouse itemized deductions, taxpayer must also itemize deductions.
 - 4 = Head of Household If: You were NOT married as of December 31st of the last year
Your child, foster child, or grandchild lived with your more than 6 months.
 - 5 = Qualified Widow(er) If: Your spouse died during the last 2 years prior to the current tax year.
Your child, stepchild or foster child lived with you for 12 months of last year
- *Dep Code – Select one of the options above and enter in the Dep code box below

Dependents

First Name:	Last Name	Birthdate	SSN	Relationship	Months lived with you	Dep Code
Children who lived with you and are being claimed on another return						



Income: Check all that apply and include requested documents, if available

Income From:	<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> Yes
Employer (W-2)		Self-Employment	
Interest (1099-int)		SS/Retirement	
Dividends (1099-Div)		Rental Property	
Stock or Mutual Fund Sale (1099-b)		Unemployment	
Alimony received or paid?			

include requested documents, if available

Income From:	<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> Yes
Employer (W-2)		Self-Employment	
Interest (1099-int)		SS/Retirement	
Dividends (1099-Div)		Rental Property	
Stock or Mutual Fund Sale (1099-b)		Unemployment	
Alimony received or paid?			

Expenses: Check all that apply and include requested documents, if available

Expenses From:	<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> Yes
Self Employment		Un-reimbursed by your employer	
Education		Rental Property	
Medical/Dental Care		Union Dues	

Credits Deductions: Check all that apply and include requested documents, if available

Did you or your spouse:	<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> Yes
Donate cash or goods to a charity?		Paid Student loan interest?	
Paid child/Dependent Care expense?		Have a Mortgage Payment?	
Make an IRA contribution		Made a major taxable purchase?	
Paid Property Taxes		Are you a student? If so, full or part time?	

Miscellaneous: Check all that apply

Did you or your spouse:	<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> Yes
Sell a home?		Take an IRA or 401 (k) distribution	
Do you or your dependent have Health Insurance?		Participated in Jury Duty?	
Pay/Receive alimony?		Adopt a child?	
Suffer catastrophic loss?		Have gambling winning/losses?	
Foreign accounts in a different country?		Did you receive the homebuyers credit?	
Do you have healthcare?			

Child Care Provider

Name	
Address	
SSN/EIN	Amount Paid:

Child Care Provider #2

Name	
Address:	
SSN/EIN	Amount Paid:

Dependent Care Expenses

First Name:	Last Name	SSN	Expenses

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of co-applicant:	Date:

SC Residents:	
Vehicle 1	Vehicle 2
Registered Name:	Registered Name:
Make:	Make:
Model:	Model:
Year:	Year:
Tag Number:	Tag Number:
Number of Gallons purchased in S.C.:	Number of Gallons purchased in S.C.:

Note: Please email completed form to tiffanygreen@ttsaccountingservices.com

Primary Signature: _____ Date _____

Spouse Signature: _____ Date _____



Disclosure Statements

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

REFUND DEPOSIT AGREEMENT. I hereby authorize TTS Accounting Services to deduct from my refund for related fees applicable to the preparation of my tax return, the RT Fee, any debt that I owe IRS or TTS Accounting Services, and any related amounts authorized by me. I understand and agree that the tax preparation, software and related fees owed to TTS Accounting Services are not paid at the time of filing, but dependent upon the Internal Revenue Service (IRS) funding. I further understand and agree that if the IRS does not issue my tax refund to my bank account, within 21 days after the IRS accepts my tax return for processing, that I am responsible for and agree to pay all tax preparation and related fees. (d) I understand and agree that I must pay for the tax preparation, software and any related services v provides when services are complete. TTS Accounting Services may withdraw from my refund deposit any check I receive for refund I endorse and present for payment or to disburse money to me in accordance with my Application.

Taxpayer Signature _____

Date _____

Tax Preparer Signature _____

Date _____