

TNT Rapid Refund - Client Profile Sheet

First Name: _____ Middle: _____ Last name: _____

Spouse name: _____ Middle: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home number: _____ Work number: _____ Cell phone: _____

Occupation: _____ Did you file taxes in 2014? ___ Yes ___ No

Filing Status:

- Single
 - Married Filing Jointly
 - Head of Household
 - Qualifying Widow(er) with dependent child
 - Did you have Health Insurance All Year Long? Yes ___ No ___
-

| Dependents Name | SSN | DOB | Relationship |
|------------------------|------------|------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Income

- W-2**
 - Social Security**
 - 1099**
 - Retirement/Pension**
 - Expenses**
 - Mortgage Interest**
 - Student Loan Interest**
 - Child Care Expenses**
 - Property Taxes**
 - Charity/Donations**
 - College Tuition**
 - IRA Contributions**
-

Do you do any of the following?

Move 50 Miles for Employment? Yes ___ No ___

Receive a State Refund Last Year? Yes ___ No ___

Work as a Full-time Teacher? Yes ___ No ___

Student Loan Default? Yes ___ No ___

Bankruptcy? Yes ___ No ___

Security Question

Mother's Maiden Name: _____

Electronic Signature: _____ Date: _____

TNT Rapid Refund will prepare your 2015 State and Federal income tax returns based on your information that you are providing to us to the best of your knowledge. This information that you present to us is true, accurate, and complete. You have retained all written support and documentation should it need to be acquired by the IRS or state audit examination. **I certify that all information I submitted to TNT Rapid Return is true and correct to the best of my knowledge.**

SEND DATA