TJ ENTERPRISES TAX SERVICE TAX RETURN DROP-OFF SHEET DATE:_____

WWW.TJENTERPRISESTAXSERVICE.COM

First Name and Initial - **TAXPAYER**	Last Name				Social Security Number
Occupation	Driver License#	Issue Date	Expiration Date		Date of Birth
First Name and Initial - **SPOUSE**	Last Name				Social Security Number
Occupation	Driver License#	Issue Date	Expiration Date		Date of Birth
Address			City		State
Phone Number	Cell Number		Email		

FILING STATUS ___ SINGLE ____ MARRIED FILING SEPARATELY

___MARRIED FILING JOINTLY ____ HEAD OF HOUSEHOLD

DEPENDENTS

First Name Last Name	Date of Birth	Social Security#	Relationship
Child Care Provider		**ID Number**	**Amount Paid**
Child Care Address	**City**	**State**	**Zip**

Do you pay rent?	**Monthly Rent Amount $**	**How many months rented?**
Landlord's Name	**Address**	

License Plates	**Property Taxes**	**Mortgage Interest**	**Medical Expenses**	**Charities/Church**
Union Dues	**Goodwill/Salvation Army**	**Education Expenses**	**State Taxes Paid**	

REFUND INFORMATION

Are you paying for your tax preparation upfront? _____

Do you want your fees withheld from your refund? **(Additional fees may apply)** _____

Do you want your refund deposited into your bank account? _____

Account Type: ___Checking ___Savings Bank Name: _____

Routing Number: _____ Account Number: _____