

THE TAX SHOPPE

2009 INCOME TAX CHECKLIST

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Questions? Call us at 201-327-4965

ALL clients MUST fill out the top portion of this check list. This is vital information required for the processing of your returns. Thank You.

Personal Information <i>(Required)</i>	Taxpayer's Name as shown on Social Security Card		Social Security Number		Date of Birth		Occupation		
	Spouse's Name as shown on Social Security Card		Social Security Number		Date of Birth		Occupation		
	Address			City		State		Zip Code	
	Home Phone #		Work Phone #		Cell Phone #		E-mail		
Return Handling <i>(Required)</i>	Would you like Direct Deposit of your Refund into your bank account? circle one Yes NO		*BANK INFO REQUIRED FOR DIRECT DEPOSIT*				Checking / Savings circle one		
			Bank Routing # (1 st 9-digit # on your check)		Your Bank Account #		Type of Account		
	E-FILE IS FREE ! If you e-file your return you will get your refund in 14 – 21 days by mail, within 10 - 14 days if you choose direct deposit.				I prefer		a digital copy of my return on a CD		
	E-file IMMEDIATELY after my return has been prepared (DO NOT contact me)						a paper copy of my return		
CALL ME FIRST with results before e-filing (This may mean a delay in your refund if we can't get in touch with you immediately)				I would like		to pick up in Ramsey	to pick up in Hackensack		
DO NOT E-File. I prefer a paper return to sign & mail in to the government.						to have my return mailed to me			
Payment Info <i>(Required)</i>	SPLIT CHECK (must have direct deposit for this – see above) I authorize The Tax Shoppe to collect their fee for the preparation of my tax returns directly from my refund (signature required) →			X <i>Sign here for split check authorization</i>					
	CREDIT CARD MC/Visa/AMEX/Discover		Credit Card Number			Expiration Date			
	I prefer to pay by cash / check / money order. Please note that payment is due upon completion of our services.								

PERSONAL PROTECTION PLAN (PPP)

This plan covers our response to any IRS or State letter audits on your behalf for a period of 3 years on this year's prepared return. That's less than \$10/year for this valuable coverage until 2013 !

YES! I accept the Personal Protection Plan. Please include the fee of \$29 in with my preparation fee.

Initial - I accept coverage

No, I decline PPP. I understand that should I need add'l services, I will be billed at a rate of \$75/hour.

Initial - I deny coverage

NJ RENTERS ONLY: PLS LIST THE RENT PAID IN 2009: \$ _____ annually

DID YOU MOVE DURING THE YEAR? If yes, from State of _____ to State of _____ on _____, 2009.

ARE YOU A FIRST TIME HOMEBUYER? If yes, when did you purchase your home _____

DEPENDENTS (If additional dependents, please list on separate page)

Name as Shown on Social Security Card	Date of Birth (required)	Relationship	Social Security Number (required)			College Student Y/N	College Tuition Cost	Child Care Y/N

CHILD CARE INFO (Child must be under 13 years old)

Child's Name(s)	Amount Paid to Provider
Name & Address of Provider	EIN or SS # of Provider

