

THE TAX SHOPPE

2010 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		
	IS THIS NEW? Y N		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 <u>REQUIRED</u> FOR DIRECT DEPOSIT*				Checking / Savings circle one		
			Bank Routing # (First 9 digits on your check)		Your Bank Account #		Type of Account		
	E-FILE INSTRUCTIONS (IRS processes refunds 14 – 21 days when mailed & 10 – 14 days with direct deposit)				RETURN HANDLING INSTRUCTIONS				
	E-file IMMEDIATELY after my return has been prepared (DO NOT contact me)				Pls include a digital copy of my return & tax documents on a CD				
CALL ME FIRST with results before e-filing				Pls CALL ME TO PICK UP my completed return					
DO NOT E-File. I prefer a paper returns to sign & mail in.				Please MAIL my return to me					
Payment Info <i>(Required)</i>	SPLIT CHECK (Direct Deposit Required! – 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), It's insurance, buys peace of mind.

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 2014!

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. (Average audit-3Hr)

Initial - I deny coverage

NJ RENTERS ONLY: PLS LIST THE RENT PAID IN 2010: \$ _____ annually

DID YOU MOVE DURING THE YEAR? If yes, from State of _____ to State of _____ on _____, 2010
(Report cost of move on page two)

DID YOU A RECEIVE THE \$7,500 1ST TIME HOMEBUYERS CREDIT IN 2008? _____ (Your \$500 annual repayment starts in 2010)

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

Name as Shown on Social Security Card	Date of Birth (required)	Social Security Number (required)			Relationship	College Student Y/N	Net College Tuition Paid in 2010	Child Care Y/N

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

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

