

TAXPAYER NAME: _____ SOCIAL SECURITY NUMBER: _____ OCCUPATION: _____ DRIVER'S LICENCE #: _____ DOC # _____ (NY) ISSUE DATE: _____ EXP DATE: _____ DATE OF BIRTH: _____ EMAIL: _____ TELEPHONE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____	SPOUSE NAME: _____ SOCIAL SECURITY NUMBER: _____ OCCUPATION: _____ DRIVER'S LICENCE # _____ DOC # _____ (NY) ISSUE DATE: _____ EXP DATE: _____ DATE OF BIRTH: _____ EMAIL: _____ TELEPHONE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
BEST WAY/PERSON TO CONTACT: _____ <i>Email</i> _____ <i>Phone</i> Contact: _____ BEST TIME: _____	

RENTERS only.....please enter total rent paid in 2018: \$_____ (only certain states)
New Jersey VETERANS.... TAXPAYER _____ SPOUSE _____ (Honorable Discharge, Released) College?(incl 1098T)

Children and Other Dependents YOU ARE CLAIMING: LIST EXACTLY AS SHOWN ON SOCIAL SECURITY CARD

First Name	Last Name	Social Security #	Relationship	Date of Birth	College? (incl 1098T)	Lived with you?

CHILD CARE INFORMATION: Name(s) of Child(ren) under 13 years old: _____

Name of Provider: _____ Tax ID # (REQUIRED): _____

Amount Paid: \$ _____

Address of Provider: _____

DIRECT DEPOSIT Checking _____ Savings _____ If you owe, use this acct for taxes due with return filing Yes__ No__ Routing Number: _____ Account Number: _____	RETURN HANDLING INSTRUCTIONS						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Digital copy EMAIL (\$5 additional charge)</td> <td style="width:50%; text-align: center;">Digital copy CD (\$5 additional charge)</td> </tr> <tr> <td colspan="2" style="text-align: center;">CALL ME TO PICK UP my completed return</td> </tr> <tr> <td style="width:50%; text-align: center;">MAIL via regular mail</td> <td style="width:50%; text-align: center;">MAIL via Certified Mail (\$6 additional charge)</td> </tr> </table>	Digital copy EMAIL (\$5 additional charge)	Digital copy CD (\$5 additional charge)	CALL ME TO PICK UP my completed return		MAIL via regular mail	MAIL via Certified Mail (\$6 additional charge)
Digital copy EMAIL (\$5 additional charge)	Digital copy CD (\$5 additional charge)						
CALL ME TO PICK UP my completed return							
MAIL via regular mail	MAIL via Certified Mail (\$6 additional charge)						

PERSONAL PROTECTION PLAN (PPP). This is insurance you do not want to be without.
 We respond to any IRS or State letter audit for you for a period of 3 years for your 2018 return. Individual 1040 form for only \$29. Additional fees for Schedules C, E, F & Business returns. Please initial your preference below.

_____ **YES! I accept the Personal Protection Plan** _____ **NO, I decline PPP. I understand that should I need add'l services, I will be billed at a rate of \$150/hr. (Average audit 3hrs)**

Please note that any form of payment is due prior to e-filing of return.

Prep Payment Info	DIRECT DEBIT FROM ACCOUNT (Acct info required)	X → Sign here for cc or direct debit authorization		
	Bank Routing # (First 9 digits on your check) Bank Account Number			
	7 < CCG9 CREDIT CARD HMD9	Credit Card Number	Expiration Date (mm/yy)	CCID on back of card
	I prefer to pay by cash / check / money order.			

Income Information: PLEASE PROVIDE ORIGINALS OR COPIES OF DOCUMENTS

- | | | |
|---|--|---|
| <input type="checkbox"/> W-2's & 1099's | <input type="checkbox"/> Alimony received \$ _____ | <input type="checkbox"/> Taxable Disability Payments |
| <input type="checkbox"/> Interest & Dividends | <input type="checkbox"/> Self Employment Income \$ _____ | <input type="checkbox"/> Social Security Received |
| <input type="checkbox"/> Gambling Winnings | <input type="checkbox"/> Stock/Property Sales | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> Pension Income | <input type="checkbox"/> IRA Withdrawals | <input type="checkbox"/> Farm/Trust Income |
| <input type="checkbox"/> Partnership Income (K-1) | <input type="checkbox"/> S-Corp Income (K-1) | <input type="checkbox"/> Misc Income (Debt Cancellation, Unreported tips) |

Miscellaneous: PLEASE PROVIDE CLOSING STATEMENT FOR PURCHASES/SALES/REFINANCE OF PROPERTY (Some are just for States not Federal)

- | | | |
|---|---|--|
| <input type="checkbox"/> Moving Expenses (Date of Move): _____ | <input type="checkbox"/> Student Loan Interest Paid | <input type="checkbox"/> Adoption Expenses |
| <input type="checkbox"/> Alimony Paid: \$ _____ | <input type="checkbox"/> First Time Homebuyer Repayments | <input type="checkbox"/> Unreported Tip Income |
| <input type="checkbox"/> Health Savings Account | <input type="checkbox"/> Energy Credit (Solar, Alt Energy?Electric Car) | <input type="checkbox"/> State Use Tax |
| <input type="checkbox"/> Retirement Contributions, Rollovers, Conversions | ★ Traditional IRA, SEP, Simple, Keogh (Roth contributions are NOT deductible) | |
| <input type="checkbox"/> AFFORDABLE CARE ACT: Documentation to prove adequate insurance or exemption: FORM 1095-A/B/C , Exemption Certificate etc. | | |

Foreign Bank Accounts >Stock/Securities issued by non-US person > Ownership interest in a foreign entity > Any financial instrument or contract that has an issuer that is non-US person >Foreign Bank Account

- Foreign Account Statement Enclosed No Foreign accounts

Capital Gains and Losses (provide 1099's): ★ PLEASE PROVIDE COST BASIS TO MATCH ALL GROSS PROCEEDS ★

Itemized Deductions: (Some of these are just for State not Federal) - Check boxes that apply. Supply all pertinent documents.

- | | | |
|--|---|---|
| <input type="checkbox"/> Medical, Dental, Prescriptions (breakdown summary of out-of-pocket expenses AFTER reimbursements, including medical travel) | <input type="checkbox"/> Long-Term Care Premiums | <input type="checkbox"/> State and Local Taxes |
| <input type="checkbox"/> Health Insurance Premiums | <input type="checkbox"/> Mortgage Interest (Incl all 1098's & Name/Tax ID for PRIVATE mortgages) | <input type="checkbox"/> Point Paid (Refi/Purchase) |
| <input type="checkbox"/> Real Estate Tax | <input type="checkbox"/> Charitable Donations | <input type="checkbox"/> Gambling Losses (up to wins) |
| <input type="checkbox"/> Union Dues Paid | <input type="checkbox"/> Casualty Losses (In Fed declared disaster zones) | <input type="checkbox"/> Safety Deposit Box |
| <input type="checkbox"/> Job Search Expenses | <input type="checkbox"/> Unreimbursed Employee Expenses (Include breakdown of all expenses including mileage) | |
| <input type="checkbox"/> Tax Preparation Fess | | |

Estimated Tax Paid

2018 Estimated Payments: <u>FEDERAL</u>	April \$ _____	June \$ _____	Sept \$ _____	Jan 2019 \$ _____
2018 Estimated Payments <u>STATE</u> (specify _____)	April \$ _____	June \$ _____	Sept \$ _____	Jan 2019 \$ _____
2018 Estimated Payments <u>LOCAL</u> (specify _____)	April \$ _____	June \$ _____	Sept \$ _____	Jan 2019 \$ _____

Investment Rental Property: TOTAL RENTAL INCOME 2018 \$ _____ Number of Days Rented: _____ (Separate list & mortgage statements for each Property)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Mortgage Interest | <input type="checkbox"/> Property Taxes | <input type="checkbox"/> Insurance Premiums | <input type="checkbox"/> Advertizing |
| <input type="checkbox"/> Utilities Paid | <input type="checkbox"/> Maintenance Costs | <input type="checkbox"/> Repairs and Supplies | <input type="checkbox"/> Prop Mgmt Fees |
| <input type="checkbox"/> Auto and Travel Expenses | <input type="checkbox"/> Professional & Legal Fees | <input type="checkbox"/> Landscaping & Snow Removal | <input type="checkbox"/> Pest Control |

Self-Employment Expenses: Are expenses recorded properly? Yes ___ No ___ **Logbook for vehicle?** Yes ___ No ___

- | | | |
|--|---|--|
| <input type="checkbox"/> Auto/Truck Expenses (Incl. yr/make/model/weight – leased or owned - mileage – actual expenses –purchase date/price) | <input type="checkbox"/> Cost of Goods Sold | <input type="checkbox"/> Advertising & Insurance & Health Insurance |
| <input type="checkbox"/> Tolls and Parking | <input type="checkbox"/> Office Expenses & Supplies | <input type="checkbox"/> Payroll/Subcontractors (provide W-2's & 1099's) |
| <input type="checkbox"/> Fees/Licenses/Permits | <input type="checkbox"/> Dues & Professional publications | <input type="checkbox"/> Postage/Freight/Delivery/Printing |
| <input type="checkbox"/> Telephone & Utilities | <input type="checkbox"/> Software and Internet Expenses | <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Computer Hardware | | |

COMMENTS: (Attach additional sheets if needed)

I authorize THE TAX SHOPPE to prepare my 2018 tax return and create my PIN number to be used as my signature for electronic filing. The information I/we have provided is COMPLETE.

Signature Taxpayer: _____ Signature Spouse: _____ Date: _____