

TAXPAYER NAME: _____ SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____ DRIVER'S LICENCE #: _____ STATE: _____ ISSUE DATE: _____ EXP DATE: _____ DOC # _____ (NY Only) (First 3 digits) OCCUPATION: _____ EMAIL: _____ BEST TELEPHONE: _____ <input type="text" value="Pick One"/>	SPOUSE NAME: _____ SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____ DRIVER'S LICENCE # <b>A</b> STATE: _____ ISSUE DATE: _____ EXP DATE: _____ DOC # _____ (NY Only) (First 3 digits) OCCUPATION: _____ EMAIL: _____ BEST TELEPHONE: _____ <input type="text" value="Pick One"/>
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ Is this a new address? Yes <input type="radio"/> No <input checked="" type="radio"/> If yes, Date of Move: _____ <b>BEST WAY/PERSON TO CONTACT:</b> _____ Email _____ Phone _____ Person: _____ BEST TIME: _____	

**RENTERS only.....please enter total rent paid in 20** : \$ \_\_\_\_\_ (applies only to certain states)

**New Jersey VETERANS.... TAXPAYER \_\_\_\_\_ SPOUSE \_\_\_\_\_ (Honorable Discharge, Released)**

**3rd STIMULUS** received? Yes  No  How much? \_\_\_\_\_ When? \_\_\_\_\_

**Advanced Child Tax Credit** received? Yes  No  How much? \_\_\_\_\_ When? \_\_\_\_\_ **Form 6419 req!**

**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?
					No	No
					No	No
					No	No
					No	No

**CHILD CARE INFORMATION:** Name(s) of Child(ren) under 13 years old: \_\_\_\_\_

Name of Provider: \_\_\_\_\_ Tax ID # (REQUIRED): \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Address of Provider: \_\_\_\_\_

<b>DIRECT DEPOSIT</b> Checking _____ Savings _____ If you owe, use this acct for taxes due with return filing Yes ___ No ___ (Payments can only be made using Checking Account) Routing Number: _____ Account Number: _____	<b>RETURN HANDLING INSTRUCTIONS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Digital copy EMAIL (\$5 additional charge)</td> <td>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>MAIL via regular mail</td> <td>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)
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**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 20 \_\_\_\_\_ 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.

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

**Income Information: PLEASE PROVIDE ORIGINALS OR COPIES OF DOCUMENTS** Name: \_\_\_\_\_

- W-2's & 1099's
- Interest & Dividends
- Gambling Winnings
- Pension Income
- Partnership Income (K-1)
- Alimony received \$ \_\_\_\_\_ Date of divorce \_\_\_\_\_ \*
- Self Employment Income (See below) \_\_\_\_\_
- Stock/Property Sales
- IRA Withdrawals **COVID withdrawal** Y / N Y or N
- S-Corp Income (K-1)
- Taxable Disability Payments
- Social Security Received
- Unemployment Compensation
- Farm/Trust Income
- Misc Income (Debt Cancellation, Unreported Tips)

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

- Moving Expenses\*Military only (Date of Move): \_\_\_\_\_
- Alimony Paid: \$ \_\_\_\_\_ SS# \_\_\_\_\_ Date of divorce: \_\_\_\_\_ \*(not deductible after 12/31/18)
- Health Savings Account
- Retirement Contributions, Rollovers, Conversions
- AFFORDABLE CARE ACT: Documentation to prove adequate insurance or exemption: **FORM 1095-A/B/C**, Exemption Certificate etc.
- Student Loan Interest Paid \_\_\_\_\_
- First Time Homebuyer Repayments \_\_\_\_\_
- Energy Credit (Solar, Alt Energy?Electric Car) \_\_\_\_\_
- Adoption Expenses \_\_\_\_\_
- Unreported Tip Income \_\_\_\_\_
- State Use Tax \_\_\_\_\_
- ☆ Traditional IRA, SEP, Simple, Keogh (Roth contributions are NOT deductible)

**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 or list separately
- 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 some States, not Federal)-Check boxes that apply. Supply all pertinent documents.

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

**Extension and/or Estimated Taxes Paid** We want your return to be accurate. Please be sure to include ALL extra tax payments that you made!

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**Investment Rental Property: TOTAL RENTAL INCOME 2021 \$ \_\_\_\_\_** Number of Days Rented: \_\_\_\_\_ (Separate list & mortgage statements for each Property) Do still own the property? Y/N If no, when sold: \_\_\_\_\_

- Mortgage Interest \_\_\_\_\_
- Utilities Paid \_\_\_\_\_
- Auto and Travel Expenses \_\_\_\_\_
- Property Taxes \_\_\_\_\_
- Maintenance Costs \_\_\_\_\_
- Professional & Legal Fees \_\_\_\_\_
- Insurance Premiums \_\_\_\_\_
- Repairs and Supplies \_\_\_\_\_
- Landscaping? Snow Removal \_\_\_\_\_
- Advertising \_\_\_\_\_
- Prop Mgmt Fees \_\_\_\_\_
- List other exp \_\_\_\_\_

**Self-Employment Income:\$ \_\_\_\_\_ Occupation: \_\_\_\_\_ Expenses recorded properly? Yes \_\_\_ No \_\_\_ Mileage Log? Yes \_\_\_ No \_\_\_**

- Auto/Truck Expenses (Incl. yr/make/model/weight – leased or owned - mileage – actual expenses –purchase date/price) \_\_\_\_\_
- Tolls and Parking \_\_\_\_\_
- Fees/Licenses/Permits \_\_\_\_\_
- Telephone & Utilities \_\_\_\_\_
- Computer Expenses \_\_\_\_\_
- Cost of Goods Sold \_\_\_\_\_
- Office Expenses & Supplies \_\_\_\_\_
- Dues & Professional Publications \_\_\_\_\_
- Internet Expenses \_\_\_\_\_
- Advertising & Insurance & Health Insurance \_\_\_\_\_
- Payroll/Subcontractors (provide W-2's & 1099's) \_\_\_\_\_
- Postage/Freight/Delivery/Printing \_\_\_\_\_
- Miscellaneous \_\_\_\_\_ (List separately)

\*\* PROVIDE 1099's RECEIVED \*\*

**COMMENTS:** (Attach additional sheets if needed)

Empty box for additional comments or attachments.

I authorize THE TAX SHOPPE to prepare my 2021 tax return and create my PIN number for Form 8879 to be used as my signature for electronic filing. The information I/we have provided is COMPLETE.

Signature Taxpayer: \_\_\_\_\_ Signature Spouse: \_\_\_\_\_ Date: \_\_\_\_\_