

TAXPAYER NAME: _____ SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____ DRIVER'S LICENSE #: _____ STATE _____ ISSUE DATE: _____ EXP DATE: _____ DOC # _____ (NY only) (First 3 digits) OCCUPATION: _____ EMAIL: _____ BEST TELEPHONE: _____ H C W ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ Is this a new address? Yes ___ No ___ If yes, Date of Move: ___/___/___ BEST WAY/PERSON TO CONTACT: PERSON: _____ Email _____ Phone _____ BEST TIME: _____	SPOUSE NAME: _____ SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____ DRIVER'S LICENSE #: _____ STATE _____ ISSUE DATE: _____ EXP DATE: _____ DOC # _____ (NY only) (First 3 digits) OCCUPATION: _____ EMAIL: _____ BEST TELEPHONE: _____ H C W
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RENTERS only.....please enter total rent paid in 2021: \$ _____ (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?

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 ___ (Payments can only be made using <u>Checking Account</u>) Routing Number: _____ Account Number: _____	RETURN HANDLING INSTRUCTIONS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Digital copy EMAIL (\$5 additional charge)</td> <td style="width:50%;">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 2021 return. Individual 1040 form for only \$29. Additional fees for Schedules C, D, 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 CHECKING ACCOUNT (Acct info required)	X	<i>Sign here for cc or direct debit authorization</i>	
	Bank Routing # (First 9 digits on your check) Checking Account Number			
	CREDIT CARD MC/Visa/AMEX/Discover	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 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
- 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) _____
- Traditional IRA, SEP, Simple, Keogh, Roth (contributions are NOT deductible)
- Adoption Expenses _____
- Unreported Tip Income _____
- State Use Tax _____

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!

2021 Federal Extension Payment \$ _____ 2021 State Extension Payment (specify) _____ \$ _____ Provide copies of pymts

2021 Estimated Payments: **FEDERAL** April \$ _____ June \$ _____ Sept \$ _____ Jan 2022 \$ _____

2021 Estimated Payments: **STATE** (specify _____) April \$ _____ June \$ _____ Sept \$ _____ Jan 2022 \$ _____

2021 Estimated Payments: **LOCAL** (specify _____) April \$ _____ June \$ _____ Sept \$ _____ Jan 2022 \$ _____

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)

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:** _____