

The Tax Shoppe 2022 Tax Checklist for your **Dependent***

Who is filing a return

Mail: 155 Lake St., Ramsey, NJ 07446
 Phone: 201-327-4965 Fax: 201-327-4930
 Email: contact@the-tax-shoppe.com

TAXPAYER NAME: _____ ***To be used by anyone who is claimed as a dependent on someone else's return**

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ Parents' Names: _____

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: _____

<p>DIRECT DEPOSIT Checking _____ Savings _____</p> <p>If you owe, use this acct for taxes due with return filing Yes ___ No ___ (Payments can only be made using Checking Account)</p> <p>Routing Number: _____</p> <p>Account Number: _____</p>	<p align="center">RETURN HANDLING INSTRUCTIONS</p> <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">Send to address other than parent? Y ___ N ___</td> </tr> <tr> <td colspan="2">Specify: _____</td> </tr> </table>	Digital copy EMAIL (\$5 additional charge)	Digital copy CD (\$5 additional charge)	Send to address other than parent? Y ___ N ___		Specify: _____	
Digital copy EMAIL (\$5 additional charge)	Digital copy CD (\$5 additional charge)						
Send to address other than parent? Y ___ N ___							
Specify: _____							

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) _____			
	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.				

Please include all income documents. Fill out below if you received 1099-NEC or 1099-Misc.

Self-Employment Income: \$ _____ **Expenses recorded properly?** Yes ___ No ___ **Mileage Log?** Yes ___ No ___ Bz miles _____

Occupation:

<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"/> Internet Expenses _____	<input type="checkbox"/> Miscellaneous _____ (List separately)
<input type="checkbox"/> Computer Expenses _____		

COMMENTS: (Attach additional sheets if needed)

I authorize THE TAX SHOPPE to prepare my 2022 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: _____ Date: _____