The Tax Shoppe 2022 Tax Checklist for your Dependent* Who is filing a return

Signature Taxpayer:_

Mail: 155 Lake St., Ramsey, NJ 07446 <u>Phone:</u> 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 SEC	CURITY NUMBER:				
DATE OF BIRTH:			Parents' Names:		
DRIVER'S LI	CENSE #:	STATE			
ISSUE DATE	:: EXP DATE:				
OCCUPATIO	DN:	(First 3 digits)			
EMAIL:					
BEST TELEP	HONE:	H C W			
ADDRESS:_		CITY:	STATE:	ZIP CODE:	
Is this <mark>a</mark>	<mark>new address</mark> ? Yes No_	If yes, Date of Move	::/		
BES	ST WAY/PERSON TO CONT	AC1: PERSON:	Email Phone	BEST TIME:	
DIRECT DEPOSIT Checking Savings				IANDLING INSTRUCTION	
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:			Digital copy EMAIL (\$5 additional char	ge) Digital (\$5 a	al copy CD dditional charge)
			Send to address other than parent? Y N		
annumt NI	Lunah aw		Specify:		
ccount N	iumber:				
	<u>Plea</u>	ase note that any form of pay	ment is due prior to e-filing	of return.	
	DIRECT DEBIT FROM CHECK	TNG ACCOUNT (Acct info requir	red)		
	Bank Routing # (First 9 digits on your check)	Checking Account Number	Sign here for cc or direct debit authorization		
ojul Ojul	CREDIT CARD				authorization
<u> </u>	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.			
lease includ	de all income documents. Fill ou	ıt below if you received 1099	-NEC or 1099-Misc.		
	ment Income:\$	_Expenses recorded properly	y? Yes No M	ileage Log? Yes No _	Bz miles
ccupation: _	ick Expenses (Incl. yr/make/mode	el/weight = leased or owned =	mileage – actual expenses –	nurchase date/price)	
Tolls and	l Parking	Cost of Goods Sold	Adv	ertising & Insurance & Hea	
	enses/Permits	Office Expenses & Suppl		roll/Subontractors (provide	
Telephone & Utilities Dues & Professional Publica Computer Expenses Internet Expenses				age/Freight/Delivery/Printicellaneous(
	· ———		<u>-</u>		1 37
<u>OMMEN</u>	TS: (Attach additional sheets if	needed)			

Date:_