The Tax Shoppe

2022 Tax Checklist

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TAXPAYER NAME: ______________________
SOCIAL SECURITY NUMBER: ______________________
DATE OF BIRTH: ______________________
DRIVER'S LICENCE #: ______________ STATE: ________
ISSUE DATE: ________ EXP DATE: ________ DOC # ____ (First 3 digits) (NY Only)
OCCUPATION: ______________________
EMAIL: ______________________
BEST TELEPHONE: ______________________ Pick One

SPOUSE NAME: ______________________
SOCIAL SECURITY NUMBER: ______________________
DATE OF BIRTH: ______________________
DRIVER'S LICENCE # ______________ STATE: ________
ISSUE DATE: ________ EXP DATE: ________ DOC # ____ (First 3 digits) (NY Only)
OCCUPATION: ______________________
EMAIL: ______________________
BEST TELEPHONE: ______________________ Pick One

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: ______________

RENTERS only**……please enter total rent paid in 2022: $__________** (applies only to certain states)

New Jersey VETERANS…. TAXPAYER_____ SPOUSE_____ (Honorable Discharge, Released)

CHILDREN OR OTHER DEPENDENTS you are claiming: List exactly as shown on Social Security Card)

First Name	Last Name	Social Security #	Relationship (Son/Daughter/Parent/ Other)	Date of Birth	College? (incl 1098T)	Lived with you?	Lived with you but not claimed
					No	No	No
					No	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: ______________________

DIRECT DEPOSIT **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: ______________________

RETURN HANDLING INSTRUCTIONS

☐	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 ($10 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 2022 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 → *Sign here for cc or direct debit authorization*	
	Bank Routing # (First 9 digits on your check)	CHECKING Account Number		
☐	**CHOOSE CREDIT CARD TYPE** Choose 1	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
☐ 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
☐ Student Loan Interest Paid___________
☐ First Time Homebuyer Repayments
☐ Energy Credit (Solar, Alt Energy?Electric Car)
☐ Adoption Expenses ________
☐ Unreported Tip Income_______
☐ State Use Tax____
☐ Retirement Contributions, Rollovers, Conversions ☆ Traditional IRA, SEP, Simple, Keogh (Roth contributions are NOT deductible)
☐ 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 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 & Charity... please DO NOT send receipts, just SUMMARY

☐ 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!

2022 Federal Extension Payment $_____________ 2022 State Extension Payment (specify) $____________ Provide copies of pymts

2022 Estimated Payments:	FEDERAL (specify_ _____)	April $_______	June $_______	Sept $_______	Jan 2023 $_______
2022 Estimated Payments	STATE (specify_______)	April $_______	June $_______	Sept $_______	Jan 2023 $_______
2022 Estimated Payments	LOCAL (specify______)	April $_______	June $_______	Sept $_______	Jan 2023 $_______

Investment Rental Property: TOTAL RENTAL INCOME 2022 $___________________ Number of days Available: _________ (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: $ _______________ Expenses recorded properly? Yes ___ No ___ Mileage Log? Yes ___ No ___ **Bz Mileage** _________

Occupation: ________________________________

☐ 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/Subontractors (provide W-2's & 1099's)
☐ Postage/Freight/Delivery/Printing__________
☐ Miscellaneous__________ (List separately)

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 Taxpaper: ______________________ Signature Spouse: _______________________ Date: _________