

TAXPAYER NAME: _____ SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____ DRIVER'S LICENSE #: _____ STATE _____ ISSUE DATE: _____ EXP DATE: _____ DOC # _____ (NY only) (First 3 digits) OCCUPATION: _____ BEST TELEPHONE: _____ H C W EMAIL: _____ 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: _____ BEST TELEPHONE: _____ H C W EMAIL: _____
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RENTERS only.....please enter total rent paid in 2023: \$_____ (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? Y/N 1098T needed	Lived with you?	Lived with you but not claimed

CHILD CARE INFORMATION: Name(s) of Child(ren) under 13 years old: _____

Name of Provider: _____ Tax ID # (REQUIRED): _____

Amount Paid: \$ _____

Address of Provider: _____

If additional providers, provide on page 2 or separate sheet of paper

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: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Hard Copy Only</th> <th style="width: 50%;">Hard Copy handling:</th> </tr> <tr> <td>Email Copy Only</td> <td>Pick up</td> </tr> <tr> <td>Hard Copy & email \$5</td> <td>Mail regular mail</td> </tr> <tr> <td>Hard Copy & CD \$5</td> <td>Mail Certified mail <small>Requires signature to receive pkg (see website for current fee)</small></td> </tr> </table>	Hard Copy Only	Hard Copy handling:	Email Copy Only	Pick up	Hard Copy & email \$5	Mail regular mail	Hard Copy & CD \$5	Mail Certified mail <small>Requires signature to receive pkg (see website for current fee)</small>
Hard Copy Only	Hard Copy handling:								
Email Copy Only	Pick up								
Hard Copy & email \$5	Mail regular mail								
Hard Copy & CD \$5	Mail Certified mail <small>Requires signature to receive pkg (see website for current fee)</small>								

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 2023 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 2-3hrs)**

Please note that any form of payment is due prior to e-filing of return.

Prep Payment Info <small>Choose one (Required)</small>		DIRECT DEBIT FROM <u>CHECKING</u> ACCOUNT (Acct info required)		X Sign here for cc or direct debit authorization		
	Bank Routing # (First 9 digits on your check)	Checking Account Number				
		CREDIT CARD We accept all Major CC's	Credit Card Number	Expiration Date (mm/yy)	CCID on back of card	Billing Zip Code
	I prefer to pay by cash / check / money order.					

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

- | | | |
|---|--|---|
| <input type="checkbox"/> W-2's & 1099's | <input type="checkbox"/> Alimony received \$ _____ Date of divorce _____ * | <input type="checkbox"/> Taxable Disability Payments |
| <input type="checkbox"/> Interest & Dividends | <input type="checkbox"/> Self Employment Income (See below) | <input type="checkbox"/> Social Security Received |
| <input type="checkbox"/> Gambling Winnings | <input type="checkbox"/> Stock/Property Sales | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> Pension Income | <input type="checkbox"/> IRA Withdrawals | <input type="checkbox"/> Farm Income |
| <input type="checkbox"/> K-1's | <input type="checkbox"/> Virtual Currency | <input type="checkbox"/> Misc Income (Debt Cancellation, Unreported Tips) |

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Moving Expenses*Military only (Date of Move): _____ | <input type="checkbox"/> Student Loan Interest Paid _____ | <input type="checkbox"/> Adoption Expenses _____ |
| <input type="checkbox"/> Alimony Paid: \$ _____ SS# _____ | <input type="checkbox"/> First Time Homebuyer Repayments _____ | <input type="checkbox"/> Unreported Tip Income _____ |
| Date of divorce: _____ *(not deductible after 12/31/18) | <input type="checkbox"/> Energy Credit (Solar, Alt Energy?Electric Car) _____ | <input type="checkbox"/> State Use Tax _____ |
| <input type="checkbox"/> Health Savings Account | <input type="checkbox"/> Retirement Contributions, Rollovers, Conversions ☆ Traditional IRA, SEP, Simple, Keogh (Roth contributions are NOT deductible) | |
| <input type="checkbox"/> 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

- | | |
|---|--|
| <input type="checkbox"/> Foreign Account Statement Enclosed | <input type="checkbox"/> 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**

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

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!

2023 Federal Extension Payment \$ _____	2023 State Extension Payment (specify) \$ _____
2023 Estimated Payments: <u>FEDERAL</u>	April \$ _____ June \$ _____ Sept \$ _____ Jan 2023 \$ _____
2023 Estimated Payments: <u>STATE</u> (specify _____)	April \$ _____ June \$ _____ Sept \$ _____ Jan 2023 \$ _____
2023 Estimated Payments: <u>LOCAL</u> (specify _____)	April \$ _____ June \$ _____ Sept \$ _____ Jan 2023 \$ _____

Investment Rental Property: **TOTAL RENTAL INCOME 2023** \$ _____ Number of Days Available: _____

(Separate list & mortgage statements for each Property) Do still own the property? **Y / N** If no, when sold: _____

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Mortgage Interest _____ | <input type="checkbox"/> Property Taxes _____ | <input type="checkbox"/> Insurance Premiums _____ | <input type="checkbox"/> Advertising _____ |
| <input type="checkbox"/> Utilities Paid _____ | <input type="checkbox"/> Maintenance Costs _____ | <input type="checkbox"/> Repairs and Supplies _____ | <input type="checkbox"/> Prop Mgmt Fees _____ |
| <input type="checkbox"/> Auto and Travel Expenses _____ | <input type="checkbox"/> Professional & Legal Fees _____ | <input type="checkbox"/> Landscaping? Snow Removal _____ | <input type="checkbox"/> List other exp _____ |

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"/> Tolls and Parking _____ | <input type="checkbox"/> Cost of Goods Sold _____ | <input type="checkbox"/> Advertising & Insurance & Health Insurance _____ |
| <input type="checkbox"/> Fees/Licenses/Permits _____ | <input type="checkbox"/> Office Expenses & Supplies _____ | <input type="checkbox"/> Payroll/Subcontractors (provide W-2's & 1099's) |
| <input type="checkbox"/> Telephone & Utilities _____ | <input type="checkbox"/> Dues & Professional Publications _____ | <input type="checkbox"/> Postage/Freight/Delivery/Printing _____ |
| <input type="checkbox"/> Computer Expenses _____ | <input type="checkbox"/> Internet Expenses _____ | <input type="checkbox"/> Miscellaneous _____ (List separately) |

COMMENTS: (Attach additional sheets if needed)

I authorize THE TAX SHOPPE to prepare my 2023 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: _____