

The Tax Shoppe 2023 Tax Checklist for your **Dependent***

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TAXPAYER NAME: _____

To be used by anyone who is claimed as a dependent on someone else's return AND is **FILING A 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: ___/___/___

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)

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)	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.				

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 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: _____ Date: _____