

# The Tax Shoppe 2025 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: \_\_\_\_\_

**IRS only accepting Electronic payments for refunds & tax due!**

## RETURN HANDLING INSTRUCTIONS

Digital copy EMAIL  
 (\$5 add'l charge)

Digital copy CD  
 (\$5 add'l charge)

Email only  
 No 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	<b>DIRECT DEBIT FROM <b>CHECKING</b> ACCOUNT (Acct info required)</b>		X	
	Bank Routing # (First 9 digits on your check)	Checking Account Number		
	<b>CREDIT CARD</b>		Sign here for cc or direct debit authorization	
	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)

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**I authorize THE TAX SHOPPE to prepare my 2025 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 or Guardian :** \_\_\_\_\_ **Date:** \_\_\_\_\_