The Tax Shoppe

2025 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: _____

BEST TELEPHONE: _____ Pick One

EMAIL: _____

SPOUSE NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

DRIVER'S LICENCE # _____ STATE:

ISSUE DATE: _____ EXP DATE: _____ DOC # (First 3 digits) (NY Only)

OCCUPATION: _____

BEST TELEPHONE: _____ Pick One

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: _____

***RENTERS only*.....please enter total rent paid in 202p: $_____** (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: _____

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)

***IRS now requires all payment & refunds to be electronic!

Routing Number: _____

Account Number: _____

	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 Requires signature to receive pkg (see website for current fee)	

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 2025 return. Individual 1040 form for only $29. Additional fees for Schedules C, D,E, F, multi-state.&.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 $175/hr.** (*Average audit 2-3hrs)*

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)**

Bank Routing # (First 9 digits on your check) | CHECKING Account Number | X → *Sign here for cc or direct debit authorization*

☐ **CHOOSE CREDIT CARD TYPE** Choose 1 | 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:

- ☐ W-2's & 1099's
- ☐ Interest & Dividends
- ☐ Gambling Winnings
- ☐ Pension Income
- ☐ K-1's
- ☐ Alimony received $_____ Date of divorce_____*
- ☐ Self Employment Income (See below)
- ☐ Stock/Property Sales
- ☐ IRA Withdrawals
- ☐ Virtual Currency
- ☐ Taxable Disability Payments
- ☐ Social Security Received
- ☐ Unemployment Compensation
- ☐ Farm 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
- ☐ 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.
- ☐ Student Loan Interest Paid_____
- ☐ First Time Homebuyer Repayments
- ☐ Energy Credit (Solar, Alt Energy?Electric Car)
- ☐ Adoption Expenses _____
- ☐ Unreported Tip Income_____
- ☐ State Use Tax____

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 only) _____
- ☐ Unreimbursed Employee Expenses (Include breakdown of all expenses including mileage)_____
- ☐ Car Loan Int (check rules@ IRS)
- ☐ 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!

2025 Federal Extension Payment $_____ 2025 State Extension Payment (specify) $_____ Provide copies of pymts

2025 Estimated Payment	FEDERAL (specify_ _____)	April $_____	June $_____	Sept $_____	Jan 2026 $_____
2025 Estimated Paymen	STATE (specify_____)	April $_____	June $_____	Sept $_____	Jan 2026 $_____
2025 Estimated Paymen	LOCAL (specify_____)	April $_____	June $_____	Sept $_____	Jan 2026 $_____

Investment Rental Property: TOTAL RENTAL INCOME 2025 $_____ Number of days Available: _____ (Separate List & mortgage statements for each Property) Do still own the property? Y/N If no, when sold:_____ New? Provide closing statement

- ☐ 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 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 Taxpaper: _____ Signature Spouse: _____ Date: _____