

# The Tax Shoppe

## 2015 Income Tax Checklist

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**ALL clients MUST fill out this check list. Some things change without you realizing. "Make us Happy" and fill it out.**

<b>Personal Information</b> <small>(Required)</small>	Taxpayer's Name as shown on Social Security Card		Social Security Number		Date of Birth		Occupation		
	Spouse's Name as shown on Social Security Card		Social Security Number		Date of Birth		Occupation		
	Is this a NEW address? Yes No		Address			City		State	Zip Code
	Best Phone Number (Taxpayer) H/W/C		Best Phone Number (Spouse) H/W/C		E-mail (taxpayer)		E-mail(spouse)		
<b>Return Handling</b> <small>(Required)</small>	Would you like Direct Deposit of your Refund into your bank account? circle one Yes No		*BANK INFO REQUIRED FOR DIRECT DEPOSIT*				Type of Account Checking / Savings circle one		
			Bank Routing # (First 9 digits on your check)		Your Bank Account #				
	<b>ELECTRONIC FILING INSTRUCTIONS</b>				<b>RETURN HANDLING INSTRUCTIONS</b>				
	CALL ME FIRST with results before e-filing		E-file IMMEDIATELY after my return has been prepared - DO NOT contact me		DO NOT E-File. I prefer a paper returns and will sign & mail them in		Include a digital copy of taxes on a CD or emailed final copy (\$5 add'l)		CALL ME TO PICK UP my completed return
						MAIL via regular mail	MAIL via Certified Mail (\$6 add'l)		
<b>Please note that any form of payment is due prior to e-filing of return.</b>									
<b>Payment Info</b> <small>Choose one (Required)</small>	DIRECT DEBIT FROM ACCOUNT (Acct info required)				X		Sign here for cc or direct debit authorization		
	Bank Routing # (First 9 digits on your check)		Bank 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.									

PERSONAL PROTECTION PLAN (PPP), This is insurance you don't want to be without.

We respond to any IRS or State **letter audit** for you for a period of 3 years for your 2015 return. Individual 1040 long form \$29. Additional fees for Schedules C, E, F & Business returns.

**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/hour. (Average audit-3Hr)

Initial - I accept coverage

Initial- I deny coverage

DEPENDENTS (If additional dependents, please list on separate page) **NET COLLEGE TUITION PAID FOR ANY CHILD IN 2015:** Include 1098T

Name as Shown on Social Security Card	Date of Birth (required)	Social Security Number (required)			Relationship (Required)	College Student Y/N	Did Child live with you for more than 6 mo in 2015? Y/N	Child Care Y/N

\_\_\_\_\_ Check here if you alternate claiming any of these dependents with another person. If so, please outline these arrangements. IS IT YOUR YEAR?

For Earned Income Tax Credit: \_\_\_\_\_ Check here if you were you a nonresident alien for any part of the year

\_\_\_\_\_ Check here if you could be the qualifying child of another

CHILD CARE INFO (Child must be under 13 years old) **ALL INFORMATION IS REQUIRED. MFJ Both must be working.**

Child's Name(s)	Amount Paid to Provider
Provider's Name & Address	Provider's EIN or SS #

### OTHER INFO

**Does everyone in your household have Health Insurance?** Y/N If No, who is not covered? \_\_\_\_\_ ACA? Y/N

\_\_\_\_\_ Only Check here if you are a NJ Renter. PLS LIST THE RENT PAID IN 2015: \$ \_\_\_\_\_ annually

\_\_\_\_\_ Check here if you moved during the year. If so, pls detail dates & expenses in the comments section on the back or on a separate sheet

Name: \_\_\_\_\_

INCOME (Please enclose copies of your W-2s, Form 1099's, Form SSA & K-1s) **DO YOU HAVE ANY FOREIGN BANK OR INVESTMENT ACCOUNTS?** YES NO

W-2s		K-1 Forms		Self Employment	fill out (2) below	Farm Income	
Form 1099-DIV		IRA Withdrawal		Unemployment		Gambling Winnings	
Form 1099-INT		Rental Income	fill out (1) below	Social Security		State Tax Refund	
Form 1099-MISC		Alimony received		Pensions*		Misc. Income	

\* some of your pension may not be taxable to the Federal or State. We would need a prior year W-2 or tax returns.

CAPITAL GAINS & LOSSES (list add'l stock transactions on a separate page & enclose 1099-B statements)

Name of Security	# of Shares	Date Purchased	Cost	Date Sold	Amount Received
		/ /		/ / 2015	
		/ /		/ / 2015	

OTHER DEDUCTIONS

Traditional IRA (5,500 under 50 or 6,500 over 50)		Keogh		Alimony Paid		Gambling Losses (Cannot exceed winnings)	
		SEP					
Moving Expenses (Job related only) Must move over 50 miles		Simple Plans				Student Loan Interest	
				Name and SS# of recipient		529 plans	

ITEMIZED DEDUCTIONS

Doctors / Co pays		Charity - Cash Receipts		<b>Unreimbursed Expenses (Some Suggestions below)</b>	
Dental		Charity - Check		Job Hunting Expenses	
Prescriptions		Charity - Clothing, Other		Tools / Safety Equipment	
<b>Health Insurance</b>		<b>Interest Paid</b>		Union & Professional fees	
Eye Care / Glasses		Mortgage		Education - Tuition	
<b>Taxes Paid</b>		Private Mortgage **		School Books/Supplies	
Real Estate		Points Paid		Work Clothes / Uniforms	
Personal Property		2 <sup>nd</sup> Mortgage		Home Computer (cost)	
Sales Tax or State Tax		Equity Line of Credit		Internet Service	
Estimated Fed Pymt		Investment Loan		Employee / Client gifts	
Estimated State Pymt		Premium Mortgage Insurance		Safe Deposit Box	
Add'l State Taxes paid prior year				Seminars / Workshops	

\*\* Place here the name & SS# of the person holding the **private** mortgage: \_\_\_\_\_

**ENERGY-EFFICIENT UPDATES TO YOUR HOME?** If so, what was done and cost of item: \_\_\_\_\_  
 Did you receive an energy credit in prior years? \_\_\_\_\_

CASUALTY LOSSES (NOTE: Your net loss must exceed 10% of Adjusted Gross Income) Type of Loss: \_\_\_\_\_

When: / / 2015	Fair Market Value Prior to Loss		Insurance Reimbursement		Fair Market Value After Loss	
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How / what type of loss (explain on separate sheet or below what the loss was and, if any, insurance reimbursements)

RENTAL PROPERTY EXPENSES (1) RENT RECEIVED: \$ \_\_\_\_\_ MILEAGE/TRAVEL TO PROPERTY: \_\_\_\_\_ YR

Mortgage (1 <sup>st</sup> & 2 <sup>nd</sup> )		Repairs		Commissions/Mgmt Fees	
Property Taxes		Maintenance		Water / Sewer Charges	
Insurance Expenses		Legal / Prof. Fees		Pest Control / Telephone	
Utilities		Supplies		Misc. Expenses	

SELF-EMPLOYED/FARM EXPENSES (2) INCOME GENERATED: \_\_\_\_\_

Total Auto Mileage		Fees / Licenses / Permits		Travel Exp(Fares/Rentals)	
Business Auto Mileage		Supplies / Office Exp.		Meals / Entertainment	
Tolls/Parking/Car Wash		Advertising		Issued W-2 / Salaries paid	
Cost of Goods Sold		Utilities / Telephone		Sub Contractor/Casual labor	
Work Clothes /Uniforms		Tools Purch or Repair		Postage/Freight	
Insurances		Publications / Education		Safety Equip.	
Equip Purchased/Leased		Internet service		Misc. Expenses	
Health Insurance		Packaging, etc		Rent / Home Office (need details)	

COMMENTS/QUESTIONS/ANY CONCERNS

If there are any special issues you would like for me to address, please note here or attach a separate note if needed.

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