

The Tax Shoppe

2012 Income Tax Checklist

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Questions? Call us at 201-327-4965

ALL clients MUST fill out the top portion of this check list. This is vital information required for the processing of your returns. Thank You.

Personal Information (Required)	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
	Home Phone #		Work Phone #		Cell Phone #		e-mail		
Return Handling (Required)	Would you like Direct Deposit of your Refund into your bank account? circle one Yes No		*BANK INFO REQUIRED FOR DIRECT DEPOSIT*				Checking / Savings circle one		
			Bank Routing # (First 9 digits on your check)		Your Bank Account #		Type of Account		
	ELECTRONIC FILING INSTRUCTIONS				RETURN HANDLING INSTRUCTIONS				
	When returns are complete, we will call you with the results. We will not E-file your return without your approval. If you want us to E-file without your approval, Sign here: X _____ If you do not want us to E-file, initial here: _____				Include a digital copy of taxes on a CD (\$5 addl)				CALL ME TO PICK UP my completed return
				MAIL via regular mail		MAIL via Certified Mail (\$5 addl)			
Payment Info (Required)	SPLIT CHECK (Direct Deposit Required! – see above) (Only with refunds!) I authorize The Tax Shoppe to collect their fee for the preparation of my tax returns directly from my refund (signature required) →		X		Sign here for split check authorization				
	CREDIT CARD MC/Visa/AMEX/Discover		Credit Card Number		Expiration Date				
	I prefer to pay by cash / check / money order. NEW POLICY: Payment is due prior to the filing of your tax return.								

PERSONAL PROTECTION PLAN (PPP), It's insurance you don't want to do without.

I will do a paper response to any IRS or State **letter audit** for you for a period of 3 years for your 2012 return. Individual 1040 long form \$29 Additional fee for Schedules C, E, F & Business.

No, I decline PPP. I understand that should I need addl services, I will be billed at a rate of \$100/hour. (Average audit-3Hr)

YES! I accept the Personal Protection Plan

_____ Initial- I deny coverage

_____ Initial – I accept coverage

DEPENDENTS (If additional dependents, please list on separate page) INDICATE NET COLLEGE TUITION PAID FOR ANY CHILD IN 2011:

Name as Shown on Social Security Card	Date of Birth (required)	Social Security Number (required)	Relationship	College Student Y/N	Did Child live with you for more than 6 mo in 2012? 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 in the comments section on the back

Earned Income Tax Credit:

_____ Check here if you were you a nonresident alien for any part of the year

_____ Check here if you could you be the qualifying child of another

CHILD CARE INFO (Child must be under 13 years old)

If more than one provider, please list additional on back of form.

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

OTHER INFO

_____ Check here if you are a **NJ Renter**. PLS LIST THE RENT PAID IN 2012: \$ _____ annually/monthly

_____ Check here if you moved during the year. If so, pls detail dates & expenses. To be a tax deduction you must 50 miles or more from job before move.

_____ Check here if you received the **\$7,500 1ST TIME HOMEBUYERS CREDIT in 2008** (Your \$500 annual repayment started in 2010)

Name: _____

INCOME (Please enclose copies of your W-2s, Form 1099g, 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 addl stock transactions on a separate page & enclose brokerage statement(s)]

Name of Security	# of Shares	Date Purchased	Cost	Date Sold	Amount Received
		/ /		/ / 2012	
		/ /		/ / 2012	

OTHER DEDUCTIONS

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

ITEMIZED DEDUCTIONS

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

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

CASUALTY LOSSES (NOTE: Your net loss must exceed 10% of Adjusted Gross Income) Use separate page for more information.

When: / / 2012	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)

(1) RENTAL PROPERTY EXPENSES: INCOME GENERATED: TRAVEL TO PROPERTY (miles)

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

(2) SELF-EMPLOYED EXPENSES INCOME GENERATED:

Total Auto Mileage	Rent/ Home Office (Cannot have a main Office desk)	Travel Exp(Fares/Rentals)(other than mileage)
Business Auto Mileage	Supplies / Office Exp.	Meals / Entertainment
Tolls/Parking/Car Wash	Advertising	Issued W-2 / Salaries paid
Cost of Goods Sold	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	Fees / Licenses / Permits

COMMENTS/QUESTIONS/SPECIAL CONCERNS

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