

The Tax Shoppe

2013 Income Tax Checklist

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ALL clients MUST fill out 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
	Best Phone Number (Taxpayer) H/W/C		Best Phone Number (Spouse) H/W/C		E-mail (taxpayer)		E-mail(spouse)		
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				
	E-file IMMEDIATELY after my return has been prepared - DO NOT contact me				Include a digital copy of taxes on a CD (\$5 addl)				
CALL ME FIRST with results before e-filing				CALL ME TO PICK UP my completed return in Ramsey Hackensack					
DO NOT E-File. I prefer a paper returns and will sign & mail them in				MAIL via regular mail		MAIL via Certified Mail (\$5 addl)			
Payment Info (Required)	SPLIT REFUND (Direct Deposit Required! - see above)		X		Sign here for split check authorization				
	I authorize The Tax Shoppe to collect their fee for the preparation of my tax returns directly from my refund (signature required)								
	CREDIT CARD MC/Visa/AMEX/Discover		Credit Card Number		Expiration Date				
I prefer to pay by cash / check /money order.		Please note that payment is due upon completion of our services.							

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

We respond to any IRS or State letter audit for you for a period of 3 years for your 2013 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 addl services, I will be billed at a rate of \$100/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 2013: _____ 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 2011? 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 be the qualifying child of another

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

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

OTHER INFO

_____ Only Check here if you are a NJ Renter. PLS LIST THE RENT PAID IN 2013: \$ _____ 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

_____ 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 1099-B statements)

Name of Security	# of Shares	Date Purchased	Cost	Date Sold	Amount Received
		/ /		/ / 2013	
		/ /		/ / 2013	

OTHER DEDUCTIONS

Traditional IRA (5K under 50 or 6K over 50)	Keogh SEP	Alimony Paid	Gambling Losses (Cannot exceed winnings)
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 Receipts	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 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 a prior year? _____

CASUALTY LOSSES (NOTE: Your net loss must exceed 10% of Adjusted Gross Income) Use below for more detail

When: / / 2013	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: \$ TRAVEL TO PROPERTY MILES: YR

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

SELF-EMPLOYED 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 detail)

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.
