

The Tax Shoppe

2014 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 add'l)				
CALL ME FIRST with results before e-filing				CALL ME TO PICK UP my completed return in (Choose 1) Ramsey Hackensack (Sat Only)					
DO NOT E-File. I prefer a paper returns and will sign & mail them in				MAIL via regular mail		MAIL via Certified Mail (\$6 add'l)			
Payment Info (Choose one)	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.				Please note that any form of payment is due prior to e-filing of return.					

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 2014 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 \$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 2014:** _____ **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 2014? 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.**

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? _____

_____ Only Check here if you are a NJ Renter. PLS LIST THE RENT PAID IN 2014: \$ _____ 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 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
		/ /		/ / 2014	
		/ /		/ / 2014	

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		Student Loan Interest
		Name and SS# of recipient	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 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	
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 prior years? _____

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

When: / / 2014	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 st & 2 nd)	Repairs	Commissions/Mgmt Fees
Property Taxes	Maintenance	Water / Sewer Charges
Insurance Expenses	Legal / Prof. Fees	Pest Control / Telephone
Utilities	Supplies	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 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.
