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Questions? Office # 201-327-4965

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			
<input type="checkbox"/> Bill to *** Is this a NEW address? " " "Yes " " " "No " " " "No				City				State		Zip Code	
Best Phone Number (Taxpayer) H/W/C		Best Phone Number (Spouse) H/W/C		E-mail (taxpayer)				E-mail(spouse)			
Taxpayer Driver's License No.		TP Document No. (NY only)		Issue date	Exp date	Spouse Driver's License No.		SP Document No. (NY only)		Issue Date	Exp Date

Would you like <b>Direct Deposit</b> of your Refund into your bank account? Yes      No		*BANK INFO <u>REQUIRED</u> FOR DIRECT DEPOSIT*		Type of Account Checking <input type="checkbox"/> Savings <input type="checkbox"/>	
		Bank Routing # (First 9 digits on your check)		Your Bank Account #	
<b>ELECTRONIC FILING INSTRUCTIONS</b>				<b>RETURN HANDLING INSTRUCTIONS</b>	
<b>CALL ME FIRST</b> with results before e-filing				Include a digital copy of taxes on a CD or emailed final copy <b>(\$5 add'l)</b>	
<b>E-file IMMEDIATELY</b> after my return has been prepared - <u>DO NOT contact me</u>				CALL ME TO PICK UP my completed return	
<b>DO NOT E-File.</b> I prefer a paper returns and will sign & mail them in				MAIL via regular mail      MAIL via Certified Mail <b>(\$6 add'l)</b>	

<b>Payment Info</b> <small>Choose one (Required)</small>	<b>DIRECT DEBIT FROM ACCOUNT (Acct info required)</b>		X	<i>Sign here for cc or direct debit authorization</i>
	Bank Routing # (First 9 digits on your check)	Bank Account Number		
	<b>CREDIT CARD</b> 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.			

Initial

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 2016? Y/N	Child Care Y/N

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

\_\_\_\_\_ 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: \_\_\_\_\_

Page 2

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 &amp; LOSSES (list add'l stock transactions on a separate page &amp; enclose 1099-B statements to determine the taxable amount)

Name of Security	# of Shares	Date Purchased	Cost	Date Sold	Amount Received
				/2017	
				/2017	

## 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	
Health Insurance 1095-A?		<b>Interest Paid</b>		Union & Professional fees	
Eye Care / Glasses		Mortgage		Education - Tuition	
<b>Taxes Paid</b>		<b>Private Mortgage **</b>		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 Pymts		Investment Loan		Employee / Client gifts	
Estimated State Pymts		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: <del>MM</del> / 2017	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> )		Improvements/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.