

NEW CLIENTS PLEASE FILL OUT ALL INFO & PROVIDE COPY OF DRIVER'S LICENSE

can you be claimed as a dependent?

TAXPAYER INFORMATION				SPOUSE INFORMATION			
↑ Taxpayer's Name as shown on Social Security Card				↑ Spouse's Name as shown on Social Security Card			
Taxpayer Social Security Number		Tp Date of Birth		Spouse Social Security Number		Sp Date of Birth	
Taxpayer Driver's License #		State		Spouse Driver's License #		State	
		DOC# (NY only)				DOC# (NY only)	
Issue Date	Exp Date	Taxpayer Occupation		Issue Date	Exp Date	Spouse Occupation	
Select if applicable: <input type="checkbox"/> Veteran <input type="checkbox"/> Educator <input type="checkbox"/> Blind <input type="checkbox"/> Disabled				Select if applicable: <input type="checkbox"/> Veteran <input type="checkbox"/> Educator <input type="checkbox"/> Blind <input type="checkbox"/> Disabled			
Taxpayer telephone number				Spouse telephone number			
Taxpayer e-mail				Spouse e-mail			
Home Address <input type="checkbox"/> this is a new address				City		State	Zip Code

BANKING INFORMATION				Optional	
Only if you wish to have Direct Deposit (DD) of refunds or Electronic Funds Withdrawal (EFW) of taxes due. Alternatively, refunds can be received via check (longer processing) and/or tax obligations can be paid online or by mailing in a check with a voucher.					
Checking		Savings		Bank Routing #	
				Your Account #	

TAX PREPARATION PAYMENT OPTIONS				Zelle preferred	
Payment is due prior to electronic filing of your approved tax returns. Please indicate payment method:					
<input type="checkbox"/> Zelle (973-934-2500)		<input type="checkbox"/> Venmo		<input type="checkbox"/> Check	
				<input type="checkbox"/> Cash	
<input type="checkbox"/> Deduct from tax refund (\$10 bank fee)					

PERSONAL PROTECTION COVERAGE				Worth It	
Coverage to respond on your behalf to IRS/State correspondence/audit letters which have been on the rise. This three-year protection covers your 2024 tax returns for only \$29, less than \$10 per year, and avoids hourly rate charges.					
<input type="checkbox"/> I agree to coverage.....add \$29 to fee INITIALS _____			<input type="checkbox"/> I decline coverage.I will pay hourly charges INITIALS _____		
<small>If left blank, it will be marked as declined</small>					

RETURN HANDLING OPTIONS				After e-filing	
<input type="checkbox"/> Upload to Secure Client Portal		<input type="checkbox"/> Mail paper copy (fees apply)		<input type="checkbox"/> In-person pickup, sign & pay	

REQUIRED QUESTIONS				Important	
<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Did everyone on your tax return have health insurance for the entire year? If no, please explain in comments	
<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Did you have marketplace health insurance? If yes, include form 1095-A	
<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Have you ever been denied the Earned Income Tax Credit? If so, have you been recertified? Yes No	
<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Do you have authority over a foreign account? If yes, did the accounts together exceed \$10k anytime in the year? Yes No	
<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Did you receive a digital asset (virtual currency) as an award or payment for property or services?	
<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Did you sell, exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digital asset)?	
<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Have you received an Identity Protection PIN or been a victim of identity theft? If yes, include Notice CP01A from the IRS	
<input type="checkbox"/>	yes	<input type="checkbox"/>	no	NJ RENTERS ONLY: Annual rent paid in 2023: \$	

DEPENDENTS						Claiming	
Name as Shown on Social Security Card		Date of Birth	Relationship son/daughter	Social Security Number as shown on SS card		College Year begin 2024	Child Care (y/n) List provider on next page

COLLEGE: the AOTC credit includes tuition costs as well as books, supplies & equipment student needs for course of study. Room and board DO NOT qualify as tuition. **PLEASE PROVIDE COPY OF 1098-T.** This can be accessed from the student's online portal.



CHILD CARE - both parents must work**Under age 13**

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

INCOME**ITEMIZED DEDUCTIONS**

- Check off types of income & provide copies of all documents
- Employment (W-2)
 - Unemployment (1099-G: must download from UI website)
 - Social Security (SSA-1099)
 - Interest / Dividends (1099-INT / 1099-DIV)
 - Stock Sales (1099-B / 1099 Consolidated)
 - Pension/Annuities (1099-R) Retirement date _____
 - Self Employment / Business(see below)
 - Sale of Property (1099-S & purchase info)
 - Alimony Received: \$ _____ Agreement Date: _____
 - Partnership Income (K-1 for 1065)
 - S-Corp Income (K-1 for 1120-S)
 - Social Security Disability (SSA-1099)
 - Farm/Trust Income
 - Misc. Income (Debt Cancellation, Unreported Tips)
 - Gambling Winnings

- Please do not attach receipts; please provide numbers below or on spreadsheet
- _____ Doctors / Co Pays
 - _____ Dental
 - _____ Prescriptions
 - _____ Health Insurance / LTC Premiums
 - _____ Eye Care / Glasses
 - _____ Charity: cash, check
 - _____ Charity: clothing, car, other
 - _____ Taxes Paid: Real Estate, Sales Tax, Personal Property
 - _____ Mortgage (Form 1098)
 - _____ Home Equity Interest
 - _____ Points paid on refinance or purchase
 - _____ Investment Interest
 - _____ Retirement Contributions
 - _____ Casualty Losses (federally declared disasters only) include details
 - _____ Gambling losses (only up to winnings)

MISCELLANEOUS**ESTIMATED TAX PAYMENTS**

- Student loan interest (Form 1098-E) \$ _____
 - HSA contributions & distributions Alimony Paid _____
 - Retirement contributions / rollovers _____
 - Adoption expenses _____
 - Form 1099-K (sales) _____
- Date of Divorce pre-2019
Include Spouse Name & SS#

	Date paid	FEDERAL	STATE
1 ST QTR		\$	\$
2 ND QTR		\$	\$
3 RD QTR		\$	\$
4 TH QTR		\$	\$

RENTAL PROPERTY INCOME**SELF-EMPLOYED BUSINESS INCOME**

- Download & fill out the Investment Property Rental Real Estate Checklist from website dedicated-taxes.com/forms

- Download & fill out the Business Checklist and provide P&L Statement from website dedicated-taxes.com/forms

TAX CREDITS**Savings**

- Solar panels: cost \$ _____
- Energy efficient home improvement credit: doors, windows, home energy audit
- Residential energy property: central air, natural gas, propane or oil water heaters/furnaces/hot water boilers
- Electric vehicle: include Year, Make, Model, VIN, new/used

ADDITIONAL INFO / NOTES

I/we authorize **Dedicated Taxes** to prepare my 2024 tax return and create my PIN number to be used as my signature for electronic filing. The information I/we have provided is COMPLETE. By filling out this Checklist, I/we affirm that I/we have read the Privacy Policy and Engagement Letter for Dedicated Taxes which are available at <https://dedicated-taxes.com/forms/>

Taxpayer Signature: _____ Spouse Signature: _____ Date: _____