

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	DOC# (NY only)	Spouse Driver's License #		State	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							
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

Only if you wish to have **Direct Deposit (DD)** of refunds or **Electronic Optional Payment (EOP)** 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 #	
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TAX PREPARATION PAYMENT OPTIONS **Zelle preferred**

Payment is due prior to electronic filing of your approved tax returns.
 Zelle is our preferred payment method to 973-934-2500. We also accept cash, check or Venmo (will be provided).

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.

I agree to coverage.....add \$29 to fee INITIALS _____ I decline coverage.I will pay hourly charges INITIALS _____
 If left blank, it will be marked as declined

RETURN HANDLING OPTIONS **After e-filing**

Upload to Secure Client Portal Mail paper copy (fees apply) In-person pickup, sign & pay

REQUIRED QUESTIONS **Important**

- yes no Did everyone on your tax return have health insurance for the entire year? If no, please explain in comments
- yes no Did you have marketplace health insurance? **If yes, include form 1095-A**
- yes no Have you ever been denied the Earned Income Tax Credit? If so, have you been recertified?
- yes no Do you have authority over a foreign account? If yes, did the accounts together exceed \$10k anytime in the year? Yes No
- yes no Did you receive a digital asset (virtual currency) as an award or payment for property or services?
- yes no Did you sell, exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digital asset)?
- yes no Have you received an Identity Protection PIN or been a victim of identity theft? **If yes, include Notice CP01A from the IRS**
- yes no N.J. 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 in attendance	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)
- Unemployment (Form 1099-G)
- 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
- _____ 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

Savings

TAX CREDITS

- 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: _____