

# TAXPlus of New Jersey

"Your Money. Your Future. Our Goal"

## CONFIDENTIAL CLIENT INFORMATION SHEET

Date: \_\_\_/\_\_\_/\_\_\_      EMAIL: \_\_\_\_\_  
Name: \_\_\_\_\_ SS#: \_\_\_-\_\_\_-\_\_\_      DOB: \_\_\_-\_\_\_-\_\_\_  
Spouse: \_\_\_\_\_ SS#: \_\_\_-\_\_\_-\_\_\_      DOB: \_\_\_-\_\_\_-\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_  
Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_  
Taxpayer Occupation \_\_\_\_\_ SP Occupation \_\_\_\_\_

**Filing Status:**  Married filing jointly       Single       Widowed (after 20\_\_\_)       Head of household       Married filing Separately

### DEPENDENTS

	<u>Name</u>	<u>Date of Birth</u>	<u>Social Security#</u>	<u>Relationship</u>
1.	_____	___-___-___	___-___-___	_____
2.	_____	___-___-___	___-___-___	_____
3.	_____	___-___-___	___-___-___	_____
4.	_____	___-___-___	___-___-___	_____

Did you pay any childcare or dependent care?  Yes  No

Child or dependent care info: Name: \_\_\_\_\_ SS#/Fed ID \_\_\_-\_\_\_-\_\_\_ Amount: \$ \_\_\_\_\_

Did you, your spouse, or dependent(s) attend college during 20\_\_\_?  Yes  No

### INCOME

PLEASE CHECK IF **YOU** OR YOUR SPOUSE RECEIVED ANY INCOME FROM THE FOLLOWING SOURCES:

- |   |  |
|---|--|
| <input type="checkbox"/> Wages or Salary (W2)                   | <input type="checkbox"/> State Income Refund           |
| <input type="checkbox"/> Interest or Dividends                  | <input type="checkbox"/> Unemployment (1099G)          |
| <input type="checkbox"/> Income from Rental Property            | <input type="checkbox"/> Social Security               |
| <input type="checkbox"/> Gambling Winnings (W2G)                | <input type="checkbox"/> Independent Contractor (1099) |
| <input type="checkbox"/> Sale of Stocks, Bonds, or other Assets | <input type="checkbox"/> Sale of Real Estate           |
| <input type="checkbox"/> Sale of Principal Residence            | <input type="checkbox"/> Estate or Trust Income        |
| <input type="checkbox"/> Business Income or Loss                | <input type="checkbox"/> Pension or Annuities          |
| <input type="checkbox"/> Virtual Currency (Ex. Bitcoin)         |  |

(Turn Over)

**DEDUCTIONS**

- Did **you** make charitable contributions?  Yes  No
- Did **you** or your spouse have any medical expenses or pay for health insurance?  Yes  No
- Did **you** or your spouse pay any home or timeshare interest?  Yes  No
- Was a portion of your home used exclusively for business?  Yes  No
- Did **you** or your spouse contribute to a traditional IRA account?  Yes  No
- Did **you** or your spouse pay qualified post-secondary education tuition?  Yes  No
- Did **you** or your spouse pay any interest on a student loan?  Yes  No
- Did **you** or your spouse owe any self-employment tax?  Yes  No

Home Rental payments per month \$\_\_\_\_\_

Do You Have Medical Insurance? (Circle one) COVERED FULL YEAR - NO INSURANCE - MARKETPLACE

**REFUND OPTIONS/DIRECT DEPOSIT INFO**

**RT Direct Deposit** into checking or savings (10-21 days) **No \$ out of pocket** (Tax Preparer's Fees and Bank Fee will be deducted from refund)

**RT Check** (10-21 days) **No \$ out of pocket** Client picks up check from office (Tax Preparer's Fees and Bank Fee will be deducted from refund)

**Check mailed to home or PO Box** (5-7 weeks) **\*\*Client pays Tax Preparation Fees upfront...NO Bank Fees**

**IRS Direct Deposit** into checking or savings (10-21days) **\*\*Client pays Tax Preparation Fees upfront...NO Bank Fees**

Bank Name: \_\_\_\_\_ Routing # \_\_\_\_\_ Account# \_\_\_\_\_

Method of Payment (Fill this payment portion out if this sheet is being faxed in)

Please Circle: VISA **MASTERCARD** DISCOVER **PERSONAL CHECK #** \_\_\_\_\_

CARD # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CSC# \_\_\_\_\_

**By signing below**, under penalties of perjury and to the best of my knowledge, I declare the information I have provided to my tax preparer is true, correct and complete.

Taxpayer Signature: \_\_\_\_\_ Date \_\_\_\_\_

Taxpayer's License or State ID# \_\_\_\_\_ State \_\_\_\_\_

Issue Date: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Spouse's License or State ID# \_\_\_\_\_ State \_\_\_\_\_

Issue Date: \_\_\_\_\_ Exp Date: \_\_\_\_\_