

## **SUPPLEMENT**

For the current tax year, please note the following:

- Direct deposit of all refunds – complete direct deposit information at bottom of Income Checklist.
- Please verify exact names, dates of birth and social security numbers of all people listed on your tax return with the information that the Social Security Administration has on file. Any incorrect or incomplete information will delay or invalidate the e-filing process.
- **Please do not allow dependent children or any other dependents listed on your return to file before you; due to IRS problems, you may not be able to e-file if your dependents file their returns before you file yours.**
- Please enclose your payment with your documents. **NO RETURN WILL BE PROCESSED WITHOUT PRE-PAYMENT. See below**
- Please ask about our referral discount.
- Please ask about our discount for active military personnel.

**Please note: the earlier you submit your documents the faster your return will be processed.**

**Note: Corporate Returns are due April 15**

**Partnership Returns are due March 15.**

**WE NOW ACCEPT ZELLE: Send to ;**

**[mfactor@taxcoast2coast.com](mailto:mfactor@taxcoast2coast.com)**

# TAXPAYER INFORMATION

\*\*\*\*\*PLEASE NOTE: COMPLETING THIS WORKSHEET IS MANDATORY.

Returns will NOT be prepared if this worksheet is not completed and submitted.

## TAXPAYER – HUSBAND (Print)

Full Name \_\_\_\_\_  
Permanent Address (on return) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County (Mandatory) \_\_\_\_\_  
School District (Mandatory) \_\_\_\_\_  
Temp. Address (Where to mail return) \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_  
Marital Status (as of 12/31/21) \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
E-mail Address (Mandatory) \_\_\_\_\_

## SPOUSE – WIFE (Print)

Full Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_  
Spouse Living with Taxpayer      \_\_\_ Yes                      \_\_\_ No

## MANDATORY DIRECT DEPOSIT INFORMATION:

Take the information needed below from an actual check, or send in a voided check

The bank account must be in joint name if filing a joint tax return

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Please check one:      \_\_\_ Savings    \_\_\_ Checking

## DEPENDENTS WORKSHEET (Print)

#1) Full Name \_\_\_\_\_ Social Sec. # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Dependent Living with Taxpayer  Yes  No

#2) Full Name \_\_\_\_\_ Social Sec. # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Dependent Living with Taxpayer  Yes  No

#3) Full Name \_\_\_\_\_ Social Sec. # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Dependent Living with Taxpayer  Yes  No

#4) Full Name \_\_\_\_\_ Social Sec. # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Dependent Living with Taxpayer  Yes  No

#5) Full Name \_\_\_\_\_ Social Sec. # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Dependent Living with Taxpayer  Yes  No

#6) Full Name \_\_\_\_\_ Social Sec. # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Dependent Living with Taxpayer  Yes  No

#7) Full Name \_\_\_\_\_ Social Sec. # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Dependent Living with Taxpayer  Yes  No

**IF APPLICABLE, THIS WORKSHEET MUST BE COMPLETED AND SUBMITTED  
WITH YOUR OTHER INFORMATION. NO RETURN WILL BE PROCESSED  
WITHOUT IT.**

**\*Attach a separate sheet with additional dependents using the same format as above**

# INCOME CHECKLIST

Please provide copies of the statements received for the following items, as applicable.

**NEW CLIENTS** – Please provide a copy of your prior year's tax return, both Federal and State

**W-2's** – Do not sent originals; send copies only.

- Interest income
- Dividend income (Include statements)
- Rental Income – Include related expenses and income per rental property
- Self- Employment Income – Provide a profit and loss statement
- Pension Plan – Include all 1099's for withdrawals and rollovers
- State Tax Refund – Provide amounts individually by states
- Securities and Properties Sold – Include dates of purchase and sale, cost and proceeds. Provide brokerage statements, 1099B, for sales of securities.
- Social Security – Provide statements showing gross amount of Medicare and withholding taxes
- Unemployment – Provide 1099's from the State.
- Partnership Income – Provide all K-1's
- Alimony Received – Only if agreement is pre-2019
- Gambling Winnings and Losses – Provide proof of both
- Miscellaneous Income/Scholarships/Fellowships
- If you received the Advanced Child Tax Credit from the IRS, please send in letter No.6419
- 1095-A only for Medical
- Sale of homes – state if it was your primary residence for 2 of the last 5 years. Need date purchased/cost, date sold/proceeds

## DEDUCTIONS CHECKLIST

Please provide copies of the statements received for the following items, as applicable.

**NEW CLIENTS:** Please provide a copy of prior year's tax return, both Federal and State.

- Estimated Taxes and any other tax payments made during the year. Include dates, amounts of payments and to whom payments were made.
- Student loan interest paid. Include copy of 1099.
- Charitable contributions (cash and non-cash) List separately – if non-cash a letter is needed with name, address and ID number of charity.
- Medical expenses paid (out-of-pocket, dollar amount only)
- Long term care policy payments for both taxpayers
- Home Mortgage Interest and Real Estate Taxes – Provide bank statement.
- Child/Dependent Care Expenses. Provide name, address, ID number and amount paid per provider. Please indicate how much was paid for each child
- College Education Expenses: tuition, registration fees, books. List each separately. Provide 1098-T, and indicate which year of college or graduate school this pertains to.
- IRA/SEP Contributions. Include date of contribution.
- Affordable Care Act: Provide copy of 1095-A only.
- NYC Rescue Members: please indicate organization you work for.
- Alimony – only if agreement is pre-2019
- Moving Expenses – only if you are in the Military