

# Additional information for your Tax Preparation

Name: \_\_\_\_\_ Tax Year \_\_\_\_\_

## 1- Did you live in NJ all of this year?

If no, where did you live? \_\_\_\_\_ When did you move to NJ? \_\_\_/\_\_\_/\_\_\_

### a) Did you pay rent? If yes

How much did you pay per month? \_\_\_\_\_ For how many months? \_\_\_\_\_

b) Did you own a property? Yes\_\_ No\_\_ Is a Single Family. Yes\_\_\_\_ No\_\_\_\_

***(If you collected rental income, we cannot do your taxes.)***

### c) For your property, we will need the following:

- Mortgage Interest statement if you have a mortgage. (**Form 1098 mortgage**)
- Total Property Tax paid in the year.
- Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualifier \_\_\_\_\_

## 2- Did you have medical expenses that you paid? If yes, we need the following:

- If you had insurance from your job, how much was taken from your check per paycheck? If you are not sure, you can provide the last paycheck for **December**.
- Total copay to all doctors visited \$ \_\_\_\_\_
- Total for all prescription paid \$ \_\_\_\_\_
- Did you buy eyeglass 2021? How much was the cost? \$ \_\_\_\_\_

## 3- Did you have dependent care expenses? If yes, we need the following:

- Tax ID# for Institution **or** SS# if is a person \_\_\_\_\_
- Provider Name \_\_\_\_\_
- Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_
- Total paid for a year \$ \_\_\_\_\_

### REFUND:

Do you want direct deposit?

If yes, please provide your

Routine number: \_\_\_\_\_

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

### DEBT:

Do you want Debit Payment?

If yes, please provide your

Routine number: \_\_\_\_\_

Account number: \_\_\_\_\_