

**Accounting Offices of Patrick S. McNally
Supplemental Information Drop Off Sheet**

Name: _____

Phone: _____ Email: _____
() Home () Work () Cell

Change of Address **Yes / No** If yes please provide your New Address

Did you Purchase or Sell Real Estate? **Yes / No** – (If yes see Page 3)

Any New or Additional Dependents from your 2019 Return? **Yes / No** If yes please list:

Name _____

Date of Birth _____ **Social Security Number** _____

Did pay Child Care? **Yes / No** If yes see Page 3

Do you have Dependents Attending College? **Yes / No** (If Yes include Tuition Statement/form 1098T)

If you are getting a refund would you like Direct Deposit? **Yes / No** If yes please list:

Routing # _____ **Account #** _____ **Acct Type** Checking ___ Savings ___

What is your preferred method of contact? _____ Email _____ Telephone

Do you require a phone or Zoom meeting upon completion of your returns? **Yes / No**

Would you like your completed package to be sent to you electronically, via our secure portal? **Yes / No**

**WE ASK THAT ALL FIRST TIME CLIENTS TO PLEASE PROVIDE A COPY OF YOUR PRIOR YEAR
RETURNS FOR REFERENCE**

Special Notes or Instructions:

**Accounting Offices of Patrick S. McNally
Supplemental Information Drop Off Sheet**

Page 2 - Information for Itemized Deductions & Schedule A

Medical

(Please list only expense paid by you. i.e. "out of pocket")

Dental/Braces \$ _____

Dr. Copays \$ _____

Glasses/contacts \$ _____

Prescriptions \$ _____

Medical Miles Driven _____ Medical Tolls/Lodging \$ _____

Medical & Dental Health Insurance Premiums

(Exclude Medicare & only include premiums paid by you, not by your employer)

Premiums \$ _____

TAXES

Real Estate Taxes Paid (directly or via mortgage escrow) \$ _____

General Sales Tax on large purchases \$ _____ (home, boat, car, etc.)

CHARITABLE CONTRIBUTIONS

Cash and Check Total \$ _____

Non-Cash (Thrift, Goodwill, etc.) \$ _____

(If Non-Cash total exceeds \$250 a list of items & their valuation must be included)

**Accounting Offices of Patrick S. McNally
Supplemental Information Drop Off Sheet**

Page 3 – Additional Information

Daycare/Dependent Care Information

NAME OF DAYCARE PROVIDER: _____

ADDRESS OF DAYCARE PROVIDER: _____

SOCIAL SECURITY # / TAX ID # PROVIDER: _____

AMOUNTS PAID (LISTED PER CHILD)

\$ _____ CHILD'S NAME _____

\$ _____ CHILD'S NAME _____

\$ _____ CHILD'S NAME _____

Miscellaneous Information

IRA Contributions

Traditional: \$ _____ Roth: \$ _____

Alimony

Alimony Paid \$ _____ Recipient's SS# _____

Alimony Received \$ _____

Date of Divorce _____

Sale of Main Residence (during tax year)

If you sold your home this tax year, please provide a copy of the settlement on the sale and if possible, the purchase too. If unable to locate the settlement sheet on the purchase, please provide the following:

Purchase Date of House Sold: _____ Original Purchase Price of House Sold: \$ _____

Number of years the home was your primary residence: _____

Estimated total of major improvements while residing there: \$ _____

**Accounting Offices of Patrick S. McNally
Supplemental Information Drop Off Sheet**

Page 4- Rental Property (Schedule E) Information

Rental Income Collected \$ _____

Utilities Paid:

Gas \$ _____ Electric \$ _____ MUA \$ _____ Township \$ _____

Sewer \$ _____ Water \$ _____

Homeowners Insurance \$ _____ Property Taxes \$ _____

Mortgage Interest \$ _____ *(Include a copy of form 1098 from Mortgage Company)*

Repairs \$ _____ *(Small minor repairs-Larger items see "Depreciable Items" below)*

Supplies \$ _____ HOA / Condo Fee \$ _____

Maintenance \$ _____ *(Landscaping, Snow Removal, Exterminating, etc.)*

Maintenance Fee \$ _____

Other \$ _____ Description: _____

Other \$ _____ Description: _____

Depreciable Items

If Capital Improvements, Furniture or Appliances have been purchased, please furnish a list with dates, amounts and descriptions.

**Accounting Offices of Patrick S. McNally
Supplemental Information Drop Off Sheet**

PAGE 5 - Self-Employment / Subcontracting (Schedule C)

A. Business Information

Name of business / Service: _____

EIN# (if applicable) _____

***** NOTE: If Business Income and Expense Information exists in computerized format (for example QUICK BOOKS or Excel Spreadsheet) Furnish a copy of the annual summary and Sections B and C need not be completed. Proceed to Section D**

B. Business Income \$ _____

If 1099s and 1099Ks exist please provide copies

C. Business Expenses

All expense related to the business (Whole Dollar Amounts)

- Wages _____
- Advertising/Marketing _____
- Commissions & Fees _____
- Contract Labor (1099) _____
- Employee Benefits _____
- Insurance _____
- Professional Service _____
- Office Expenses _____

- Rent-Machinery _____
- Rent – Other _____
- Repairs & Maintenance _____
- Supplies _____
- Taxes & License _____
- Travel _____
- Utilities (phone, gas, elect. office) _____
- Meals & Entertainment _____

D. Auto:

Total Vehicle Mileage _____ **Business miles** _____ **Personal Use Miles** _____

If Vehicle New this year - Purchase price & date: _____

- Lease payments _____
- Gas _____
- Car Insurance _____
- Repairs & Maintenance _____
- Tolls _____

**Accounting Offices of Patrick S. McNally
Supplemental Information Drop Off Sheet**

PAGE 6 - Self-Employment / Subcontracting (Schedule C) Continued

E. **Home Office:** Total square footage of home _____ Square footage of office _____

- Home Owner's Insurance \$ _____

- Utilities
 - Gas _____
 - Electric _____
 - MUA _____
 - Sewer _____
 - Water _____

- Real-estate Taxes _____

F. Purchase of Furniture & Equipment (Please list each purchase individually)

Description _____

Purchase Date _____ Amount \$ _____

Description _____

Purchase Date _____ Amount \$ _____

Description _____

Purchase Date _____ Amount \$ _____

Description _____

Purchase Date _____ Amount \$ _____