

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

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ ( ) Home ( ) Work ( ) Cell      Email: \_\_\_\_\_

**Did you receive Stimulus Money this year? If so, please list amount below.**

**Round #1 (Spring)** \_\_\_\_\_

**Round #2 (December)** \_\_\_\_\_

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 \$** \_\_\_\_\_