

**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 return last year? **Yes / No** If yes please list:

Name _____

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

Did you pay for 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 due a refund, we need banking info for Direct Deposit. (IRS will no longer mail checks)

Routing # _____ **Account #** _____ **Acct Type** Checking___Savings___

What is your preferred method of contact? _____Email _____Telephone

If you are dropping off or uploading your work, 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 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
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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 \$ _____

(Do Not Include Medicare. Only include premiums paid by you, not by your employer)

TAXES

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

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

INTEREST PAID

Mortgage Interest Paid (Reported on form 1098) \$ _____

Car Loan Interest (Only for vehicles purchased in 2025) \$ _____

In order to establish deductibility, you must furnish the VIN# too.

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)

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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 sheet (ALTA) on the sale and if possible, the purchase too. If you are 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: \$ _____

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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.

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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 \$ _____ **Tips \$** _____

If 1099s and 1099Ks exist, please provide copies

C. Business Expenses

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

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

- Homeowner'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 \$** _____