

# DUNCOMBE & ASSOCIATES tax prep information

Taxpayer Name			Social Security Number		
Spouse's Name			Social Security Number		
Taxpayer Occupation		Date of Birth (DOB)		Blind?	
Spouse's Occupation		Date of Birth (DOB)		Blind?	
Address			Email		
City	State	Zip	Cell Phone	Home Phone	Work Phone

### DEPENDENT CHILDREN (who live with you)

1) Name	Social Security #	DOB	3) Name	Social Security #	DOB
2) Name	Social Security #	DOB	4) Name	Social Security #	DOB

### OTHER DEPENDENTS

1) Name	Social Security #	Time at Home	Relationship	Income	Support by You	Support by dependent /others
2) Name	Social Security #	Time at Home	Relationship	Income	Support by You	Support by dependent /others

### THINGS TO BRING (if applicable)

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Last Year's Tax Return (if new client)</li> <li><input type="checkbox"/> W-2 Forms for Wages</li> <li><input type="checkbox"/> 1099 R for Retirement</li> <li><input type="checkbox"/> 1099s for Interest, Dividends and Other Income</li> <li><input type="checkbox"/> K-1s from Partnerships, Corporations or Estates</li> <li><input type="checkbox"/> Social Security Benefits Statement</li> <li><input type="checkbox"/> Voided Check for Direct Deposit</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Property Tax Statement</li> <li><input type="checkbox"/> IRA Year-end Statement</li> <li><input type="checkbox"/> 1098s: Mortgage Interest, Contributions, Tuition</li> <li><input type="checkbox"/> Closing Papers for Purchase &amp; Sales, including purchase &amp; sale dates &amp; amounts</li> <li><input type="checkbox"/> All Other Statements Showing Income</li> <li><input type="checkbox"/> Last Pay Stub of the Year</li> <li><input type="checkbox"/> Proof of Health Insurance</li> </ul> |
|---|--|

RENTAL/SELF-EMPLOYMENT/FARMING INCOME & EXPENSE		
Total Received: \$ _____		
Expenses: Taxes..... _____		
Utilities..... _____		
Interest..... _____		
Insurance..... _____		
Repairs..... _____		
Supplies..... _____		
Equipment..... _____		
Advertising..... _____		
Other..... _____		
Business Mileage (on next page)		
Home Office Information (exclusive use)		
Office sq footage _____	House sq footage _____	
Utilities Paid _____		
Insurance Paid _____		
Repairs _____		
Improvements _____		
Sale of Stock or Property	Cost	Sale \$

OTHER INCOME	
Wages (Forms W-2).....	_____
Interest (Forms 1099).....	_____
Dividends (Forms 1099).....	_____
Tips.....	_____
Child Care.....	_____
Pensions/Annuities/Roth Conversions.....	_____
Jury Duty.....	_____
Gambling Winnings.....	_____
Unemployment (1099-G).....	_____
Alimony Received.....	_____
Prizes (1099 Misc).....	_____
Debt Cancellation.....	_____
Partnerships & S Corporations.....	_____
Estates & Trusts.....	_____
Social Security/RR Retirement.....	_____
Scholarships & Fellowships.....	_____
State Tax Refunds.....	_____
Royalties.....	_____
Disability.....	_____
Veteran's Payments.....	_____
Hobby Income.....	_____

Please bring supporting documents. Dates are important!

Foreign Income, Other.....

**ADJUSTMENTS**

Payments to an IRA Regular  Roth   
Taxpayer Amount \$ \_\_\_\_\_ SEP  SIMPLE   
Spouse Amount \$ \_\_\_\_\_

Penalty for Early Withdrawal \_\_\_\_\_

Alimony Paid \$ \_\_\_\_\_ SS# \_\_\_\_\_

Self-Employed Health Insurance \_\_\_\_\_

Student Loan Interest \_\_\_\_\_

Job Related Moving Expenses:

Travel & Lodging-Move \_\_\_\_\_  
Cost of Moving Household Items \_\_\_\_\_  
Reimbursement \_\_\_\_\_

Payments to MSA/HSA: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

Withdrawal from MSA/HAS: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**Medical Expenses**

Insurance & Medicare (not pretax).....  
Long Term Care Insurance.....  
Prescriptions.....  
Eyeglasses, Hearing Aids & Batteries.....  
Doctors.....  
Dentists.....  
Hospital/Ambulance.....  
Auto Mileage.....  
Other Medical Expenses, Travel.....  
Reimbursement.....  
Did you receive reimbursement at work?.....

**TAXES**

Real Estate Taxes.....  
Sales Tax paid on Vehicle.....  
Other Sales Tax paid (from receipts).....  
State Taxes paid for earlier years.....

**State Tax Estimates**

Date paid \_\_\_\_\_ \$ \_\_\_\_\_ Date paid \_\_\_\_\_ \$ \_\_\_\_\_  
Date paid \_\_\_\_\_ \$ \_\_\_\_\_ Date paid \_\_\_\_\_ \$ \_\_\_\_\_

**Federal Tax Estimates**

Date paid \_\_\_\_\_ \$ \_\_\_\_\_ Date paid \_\_\_\_\_ \$ \_\_\_\_\_  
Date paid \_\_\_\_\_ \$ \_\_\_\_\_ Date paid \_\_\_\_\_ \$ \_\_\_\_\_

Vehicle License Tabs, Personal Property Tax \_\_\_\_\_

**INTEREST EXPENSES**

Home Mortgage-Paid to Financial Institutions (Form 1098)  
First Mortgage/Refinance.....  
Loan Origination Fee/Discount Fee \_\_\_\_\_  
Second Mortgage.....  
Home Equity.....  
Mortgage Insurance (new purchase) \_\_\_\_\_  
Second Home Interest Payments.....  
Home Mortgage-Paid to Individuals \_\_\_\_\_  
(name, address, social security #) \_\_\_\_\_  
Investment Interest: Margin Account \_\_\_\_\_  
Other Investment Interest.....

**HIGHER EDUCATION EXPENSES**

**CONTRIBUTIONS**

Churches (received).....  
Other Contributions of Money (received)....  
Charitable Auto Mileage.....  
Volunteer Expenses (received).....  
Property Donated (for which you have receipts) Fair Market Value-  
Bring documentation if over \$500 \_\_\_\_\_  
Auto, Boat Donations (Form 1098C).....  
Other.....  
Other.....

**CASUALTY & THEFT LOSSES**

Cost of Property Lost.....  
Fair Market Value of Property.....  
Insurance Reimbursement Received.....  
Ponzi-style Scheme Loss.....

**JOB RELATED AUTOMOBILE EXPENSE**

Total Miles.....  
Business Miles.....  
Commuting Miles.....  
Personal Miles.....  
Jan 1- Odometer Beginning....  
Dec 31- Odometer Ending.....  
Gas & Oil.....  
Interest.....  
Tolls & Local Transportation.....  
Lease Payments.....  
Other.....

**JOB/INVESTMENT RELATED DEDUCTIONS**

Limited: Dues & Subscriptions.....  
Education (incl. miles above).....  
Safety Equipment/Uniforms.....  
Job Seeking Expense  
(incl. miles above).....  
Legal/Accounting Fees.....  
Tools/Equipment/Supplies.....  
Business Entertainment.....  
Investment & Tax Advice.....  
Safe Deposit Box.....  
Hobby Expenses.....  
Other/IRA Fees.....  
Gambling Losses.....  
Impairment Related Work Expenses.....  
Classroom materials for Educators.....

**CHILD CARE EXPENSES**

Name, addresses and ID#s of providers, amount paid:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Do you have a dependent care benefit plan at work? \_\_\_\_\_