RETURN: PAUL DUNCOMBE E.A. 4414 MACIVER AVE NE PO BOX 385 ST. MICHAEL, MN 55376

(if

TEL: (763)482-2820 FAX: (763)497-1909 ACCOUNTING AND TAX PREPARATION

INCOME TAX ORGANIZER

Taxpayer Name					<u> </u>		
				Social	Security Number		
Spouse's Name Taxpayer Occupation Date of			Social Security Number				
		Date of Birth		Driver License Number, Issue & Expiration Date			
Spouse's Occupation	in	Date of Birth		Driver Licens	e Number, Issue & E	Expiratio	n Date
Address					Email Address		
City		State		Zip	Telephone	e Numbe	r
	DEPENDENT CH	IILDREN (who live	ed with yo	ur more tha	n 6 months)		
1) Name	Social Security No	D.O.B	2) Name		Social Security N	No.	D.O.B
3) Name	Social Security No	D.O.B	4) Name		Social Security N	No.	D.O.B
5) Name	Social Security N	o. D.O.B	6) Name		Social Security	No.	D.O.B
	2 Form(s) for Wages		•	1098 Form	(s) – Mortgage Inter	est, Tuiti	ion, Student
RING Soc oplicable) • K-1 • Est • Sta • Cry • Bus • Rec • HS/	29 Form(s) for interest, Div cial Security, Unemployme A Year-end Statements s from Partnerships / Corp ates / Trusts tements for Assets held o rptocurrency (Bitcoin) Sea siness / Rental / Farm Inco cords of Estimated Taxes F A forms (1099 – SA & 5498 Idcare Provider Informatio	ent, & Other Incom porations / utside the USA als / Earnings ome & Expenses Paid 8-SA)	•	Closing Pap purchase a All Other St Contributio Last Pay Stu Voided che Form(s) 109 Copy of Dri	icle / Boat Donation pers for Purchases & nd sale dates & amo catements showing i	Sales (Ir punts) income\f sit ce xpayer &	Charitable Spouse
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Potential Deductions and Credit Items

ADJUSTMENTS	CONTRIBUTIONS			
Payments to an IRA:	Churches (statement) \$			
TYPES : Traditional, Roth, SEP, SIMPLE	Other Contributions of money \$			
Taxpayer amount: \$ Type:	Charitable Auto Mileage			
Spouse amount: \$ Type:	Volunteer Expenses (statement) \$			
Penalty for Early Withdrawal	Property Donated (for which you have receipts (FMV) Bring			
Alimony Paid: \$ SS#	documentation if over \$500.00 \$			
Self -Employed Health INS	Auto, Boat, Donations (Form 1098C) \$			
Student Loan Interest	Qualified Charitable Distribution from IRA? Y or N (Bring details)			
Payments to HSA / MSA: Taxpayer \$ Spouse \$	CASUALTY & THEFT LOSSES			
Classroom Materials for Educators \$	(In Presidentially declared disaster areas)			
	Cost of Property Lost \$			
MEDICAL EXPENSES	Fair Market Value of Property \$			
Insurance & Medicare (not pretax) \$	Ins. Reimbursement Received \$			
Long Term Care Insurance \$				
Prescriptions \$	AUTOMOBILE EXPENSE			
Eyeglasses, Hearing Aids & Batteries \$	Total Miles			
Doctors \$ Dentists \$	Business Miles			
Dentists \$ Hospital / Ambulance \$	Commuting Miles			
Auto Mileage (Miles)	Personal Miles			
Other Medical Expenses, Travel \$	Odometer Reading: Beginning			
Reimbursement \$	Odometer Reading: Ending			
Work Reimbursement \$	documentation if over \$500.00			
	Gas & Oil \$			
TAXES	Interest \$			
	Tolls & Local Transportation \$			
Real Estate Taxes \$ Sales Tax paid: Vehicles, boats, planes \$	Lease Payments \$			
	Parking \$ Other \$			
Sales Tax paid: (from receipts) \$ Vehicle License Tabs, Pers. Prop Tax \$	Stiller S			
State taxes paid for Earlier years \$	BUSINESS EXPENSES			
	Taxes \$			
State Tax Estimates	Utilities \$			
Date pd: \$ Date pd: \$ Date pd: \$ Date pd: \$	Insurance \$			
Federal Tax Estimates	Repairs \$			
	Supplies \$			
Date pd: \$ Date pd: \$ Date pd: \$	Business Meals \$			
	Business Travel \$			
	Advertising \$			
INTEREST EXPENSE	Professional Dues / Memberships \$			
Home Mortgage – Paid to Financial institutions (form 1098)	Legal / Professional Fees \$			
First Mortgage / Refinance \$	Wages (Bring W2's / 941 / 1099's) \$			
Loan Origination Fee / Disc. Fee \$	Contract Labor (1099) \$			
Second Mortgage \$	Equipment (Bring list with details) \$ Other \$			
Home Equity \$	(If your primary place of business is in your home, bring all			
Equity Loan used only to buy/ build / improve home? Y or N	home related expenses, total square footage and square			
Mortgage Insurance \$ Second home Interest Payments \$	footage of space that is exclusively and regularly used for			
Second home Interest Payments \$ Home Mortgage – Pd to Individuals \$	business.)			
Attach name, address, social security number				
Investment Interest: Margin Acct \$	CHILD CARE EXPENSES			
Other Investment Interest \$	Childcare \$			
T	Bring Name, Address, ID number of provider(s) and amount paid			
OTHER MISCELLANEOUS EXPENSES Gambling Losses \$	Do you have a dependent care benefit plan at work? Y or N			
Impairment Related Work Expenses \$	ADOPTION EXPENSES – (bring papers)			
HIGHER EDUCATION EXPENSES (form 1098T)	Amount Paid: \$ Date Finalized:			
PSEO Tuition / Req Fees paid \$	ENERGY CREDITS			
Date: Year in School:	Solar Wind Geothermal Cost: \$			
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Please Sign here: _____ Date: _____