

ROGER LAMBERSON, PLC.

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Dear Tax Client: This checklist will assist you in remembering and listing income & deductions.

PLEASE use this list as it will assist us in saving tax dollars for you. Please call for an appointment as early as possible to avoid the rush.

Early filing cuts (2) weeks off the time necessary to get your refund.

If you have any questions concerning your taxes, please give us a call.

Name: Taxpayer _____ SS No. _____ Birthdate _____

Spouse _____ SS No. _____ Birthdate _____

Address: _____ Telephone(Home) (____) _____

_____ Telephone (Cell) (____) _____

Occupation:Taxpayer _____ Spouse _____ E-mail _____

Dependents Name	Birthdate	Social Security Number	Relationship	# of months lived in home

Check Off List(If Answered Yes please supply detail)	YES	NO
Did you receive W-@'s/1099's/K-1's? Attach forms	_____	_____
Interest Income (bring statements)	_____	_____
Non-Taxable Interest Income (bring statements)	_____	_____
Dividend Income? (bring statements)	_____	_____
Tips and Gratuities?	_____	_____
Alimony Received?	_____	_____
Annuity and Pension Received? (bring statements)	_____	_____
Did you receive an advance child tax credit? Amount \$ _____	_____	_____
Bonuses/Commissions? (not reported on W-2)	_____	_____
Jury Duty or Election Board Fees?	_____	_____
Lottery, Contest & Gambling Winnings?	_____	_____

Prizes/Awards?	_____	_____
Royalty Income?	_____	_____
Scholarships/Fellowships?	_____	_____
Unemployment Compensation? (bring statements)	_____	_____
Veterans Benefits? (Sch R)	_____	_____
Social Security? (bring statements)	_____	_____
Hobby Income?	_____	_____
Disability Income?	_____	_____
Did you withdraw IRA or KEOGH funds during the year?	_____	_____
Sales of Stocks or Property? (bring statements)	_____	_____
Need: Description, Date Purchased, Date Sold, Purchase Price, Sale Price		
Expenses of Purchase/Sale		
Child Care Deduction?	_____	_____
Need: Number of Dependents (provide info: Name & Address, SS, or EIN# and amount paid)		
Move during Year?	_____	_____
Need: Mileage/Expenses of Move		
Rental Income? (bring statements)	_____	_____
Business Income? (bring statements)	_____	_____
Farm Income? (bring statements)	_____	_____
Interest on Student Loans? (bring statements)	_____	_____
Teacher Out-Of-Pocket Expenses? Amount: \$ _____	_____	_____

DEDUCTION SCHEDULE

MEDICAL EXPENSES PAID

Total Prescription Medicines & Drugs \$ _____
 Total Doctors & Dentists \$ _____
 Total Miscellaneous Medical \$ _____
 Total Health & Dental Insurance Prem. \$ _____
 Travel for Medical Treatment _____ Miles
 Total Insurance Reimbursements \$ _____

TAXES PAID

Real Estate Taxes(personal residence) \$ _____
 Real Estate Taxes(vacation/2nd Home) \$ _____
 Real Estate Taxes(Investments) \$ _____
 Vehicle License Fees \$ _____
 No. of Vehicles _____
 Personal Property Tax(boat,plane, etc) \$ _____
 State Taxes Paid \$ _____
 Sales Tax Paid on Large Purchases \$ _____

MORTGAGE INTEREST

Personal Residence Interest (1st) \$ _____
 Personal Residence Interest (2nd) \$ _____
 Vacation/2nd Residence Interest(1st) \$ _____
 Vacation/2nd Residence Interest(2nd) \$ _____
 Are any mortgages paid to individual?
 (circle one--if yes supply info below) YES / NO
 Name _____
 Address _____
 S.S. # _____

BUSINESS RELATED DEDUCTIONS

Rental Expenses(bring sch. of all expenses) \$ _____
 Business Expenses(bring sch. of all expenses) \$ _____
 Farm Expenses(bring sch. of all expenses) \$ _____
 Depreciable Business Property \$ _____
 Purchase/Sale Information \$ _____

CONTRIBUTIONS

Church(provide proof of contributions) \$ _____
 March of Dimes \$ _____
 United Fund \$ _____
 Heart Fund/Cancer Fund \$ _____
 Payroll Deductions \$ _____
 All Other Charities \$ _____
 Goodwill/Salvation Army \$ _____
 (Provide Proof of Contributions over \$500) \$ _____
 _____ \$ _____
 _____ \$ _____

MISCELLANEOUS DEDUCTIONS

Union Dues/Professional Dues \$ _____
 Trade & Professional Publications \$ _____
 Uniforms Purchased and Upkeep \$ _____
 Income Tax Preparation Fee \$ _____
 Safe Deposit Box Fee \$ _____
 Safety Equipment/Safety Shoes \$ _____
 Small Tools/Job Supplies \$ _____
 Alimony (to whom paid) \$ _____
 Name: _____

SPECIAL NOTE:

If you purchased a personal residence we will need:

- 1. Escrow Papers of Purchase

If you purchased or sold a rental/business property:

- 1. Escrow Papers of Purchase
- 2. Escrow Papers of Sale
- 3. Expenses of Sale

Deductible Home Equity Loans

- 1. Bring Loan Papers

ESTIMATED TAXES PAID

<u>Date</u>	<u>Federal</u>	<u>State</u>
April 15	\$ _____	\$ _____
June 15	\$ _____	\$ _____
Sept. 15	\$ _____	\$ _____
Jan. 15	\$ _____	\$ _____
Extension	\$ _____	\$ _____

SSN: _____

Employment Agency Fees	\$ _____
Employment Seeking Expenses	\$ _____
Educational Expenses	\$ _____
IRA/SEP Contributions	\$ _____
Military Reserve Training	\$ _____
Casualty or Theft Loss	\$ _____
Uncollectible Non-Business Bad Debt	\$ _____
Gambling Losses (limited to winnings)	\$ _____
Employee Business Expenses (Provide List) (Auto, Cell Phone, etc.)	\$ _____
Hope Scholarship	\$ _____
Lifetime Learning Credit	\$ _____
Health Savings Account Contributions (HSA)	\$ _____
Student Tuition & Fees Paid (Form 1098-T)	\$ _____