

**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)	\$ _____