

# SKALLY'S TAX SERVICE

Phone: 651-298-1188

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## NEW CLIENTS – COMPLETE THIS SECTION

\*\*\*\*PRIOR CLIENTS – COMPLETE THIS SECTION ONLY IF SOMETHING HAS CHANGED\*\*\*\*

	Taxpayer	Spouse
Social Security Number		
First Name & Middle Initial		
Last Name		
Occupation		
Date of Birth		
Work or Cell Phone Number		
Home Phone Number		
Address		
City, State & Zip Code		
Email address		

## DEPENDENT INFORMATION

\*\*\*\*PRIOR CLIENTS – COMPLETE THIS SECTION ONLY IF SOMETHING HAS CHANGED\*\*\*\*

Dependent's Name	Birth Date	Soc. Sec. Number	Relationship	Months lived in your home	College student?	Disabled?

- Is there anyone living in your household who is not your spouse or dependent child?
- If you have children under age 24 with *unearned* income (i.e. interest, dividends, stock sales) in excess of \$1900 we recommend that you have us do their tax return in conjunction with yours.

### WE NEED THE FOLLOWING INFORMATION TO COMPLETE YOUR TAX RETURNS

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>NEW CLIENT</b> - copy of last two year's returns and social security cards for you, spouse, and children</li> <li><input type="checkbox"/> <b>W2S and ALL 1099 FORMS</b> - interest, dividends, stock sales, property sales, and unemployment</li> <li><input type="checkbox"/> <b>1099K FORMS</b> – for Merchant Card and Third Party Network Payments</li> <li><input type="checkbox"/> <b>1099R FORMS</b> for IRA/Pension/Annuity Income if you withdrew from your IRA – bring the values of all regular IRA accounts at the end of the year</li> <li><input type="checkbox"/> <b>SSA FORMS</b> – for Social Security benefits you received during 2011</li> <li><input type="checkbox"/> <b>W2G or 1099 – GAMBLING INCOME</b> - sent to you by the casino or other organizations</li> <li><input type="checkbox"/> <b>1099 FORMS</b> relating to any cancellation of debt or foreclosure</li> <li><input type="checkbox"/> <b>K-1 FORMS</b> - from Partnerships, LLCs, Estates, Trusts and Sub-S Corporations</li> <li><input type="checkbox"/> <b>SPOUSAL MAINTENANCE RECEIVED</b>– we need the amount received</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>SPOUSAL MAINTENANCE PAID</b> - we need the recipient's name and social security number</li> <li><input type="checkbox"/> <b>CLOSING STATEMENTS</b> (HUD statement, settlement statement) - if you bought, sold, or refinanced a home or other real estate bring the closing statements</li> <li><input type="checkbox"/> <b>HEALTH SAVINGS ACCOUNT DISTRIBUTIONS</b>– bring distribution forms 1099-SA</li> <li><input type="checkbox"/> <b>NONTAXABLE INCOME</b> – amount of Workers Comp, Veterans Benefits, Welfare Benefits, Scholarships, Grants and any other income</li> <li><input type="checkbox"/> <b>MOVING EXPENSES</b> – if you moved 50 miles or more to a new job location – provide expenses paid for transportation, storage, travel, lodging</li> <li><input type="checkbox"/> <b>ADOPTION DURING 2011</b> – expenses paid during 2011 and any employer provided benefit amount</li> <li><input type="checkbox"/> <b>GOVERNMENT CORRESPONDENCE</b> –bring notices from IRS or State that you received this past year</li> </ul> |
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# ITEMIZED DEDUCTIONS

## LONG TERM CARE INSURANCE

	Husband	Wife
Premiums		
Name of Provider:		
Policy Number		

## MEDICAL EXPENSES

*These Expenses Must Exceed 7 ½% Of Income Before You Get Any Benefit Do Not Include Amounts Reimbursed By Insurance Or Paid for With Pre-Tax Income (i.e. Flex Spending, Health Reimbursement Accounts)*

Health Insurance Premiums	
Dental Insurance Premiums	
Contact Lens Insurance Premiums	
Doctors, Dentists, Orthodontists, Chiropractors	
Psychiatrists, Therapists	
Hospitals, Clinics, Anesthesiology, Lab Fees	
Nursing Home Care / Assisted Living	
Ambulance Fees	
Alcohol/Drug/Smoking Treatment	
Special Schooling for the Handicapped	
Hearing Aids, Batteries, Repairs, Support Hose, Shoes, Prescribed Attire.	
Eye Glasses, Contact Lenses, Exams	
Prescribed Drugs and Insulin	
Lodging (Limited to \$50/day Per Person)	
Parking, Bus Fare, Taxicabs	
# of Miles Driven for Medical Needs	1/1 to 6/30      7/1 to 12/31

## TAXES

Real Estate Taxes Paid: Home	
2nd Home	
Other	
Minnesota Property Tax Refund Received	(      )
State Sales Tax Paid:	
- On Cars, Trucks, Motor Homes, Motorcycles	
- On Boats, Airplanes, Home Bldg. Materials	
# of Vehicle License Tabs / Cost	

## INTEREST

*Bring 1098 forms from your bank or Mortgage Company Bring closing statements for any new purchase, sale or refinance Do not list interest earned here – provide us with 1099s instead*

Name of Bank or Mortgage Company	Amount Paid
Amount of mortgage insurance premium paid on your home purchase or refinance in 2011	
	Amount Paid
Contract for Deed Interest Paid	
Show Following Information About the Person You Make Your Payments To:	
Name:	Soc. Sec. #
Address:	
Margin Account Interest – Bring Brokerage Account Year End Statement to Interview	

## CONTRIBUTIONS

Churches and Synagogues	
AA / Alanon / Alateen	
Alumni Funds / Arts & Science	
Boy Scouts / Girl Scouts	
Cancer Fund / Heart / MS / MD	
Public Radio / TV	
United Way / Red Cross / Food Shelf	
Various Others	
Number of Miles Driven for Volunteer Work e.g. Coaches, Scout Leaders, Choir Members, AA Members, Volunteer Board Members	
Out Of Pocket Volunteer Expenses e.g. Coaching Uniform, Hotel Expense, Air Fare, Meals	
<b>NON-CASH- DONATIONS - Deduct Fair Market Value – Not What You Paid For The Item. Must Be In Good Condition. Provide The Following:</b>	
Organization Name	Donation Date      Items Donated      Market Value

## MISCELLANEOUS DEDUCTIONS

*These Expenses Must Exceed 2% of Income Before You Get Any Benefit See Page 4 for Employee Expenses for Auto, Travel, and Entertainment*

Union Dues/Working Dues	
Tax Preparation Fees	
Safe Deposit Box	
Tools/ Job supplies	
Safety Equipment	
Uniforms – Cost / Professional Cleaning	
Business Phone – 2nd Line / Cell Phone	
Job Related Phone Expense – Long Distance, Call Waiting, Call Forwarding, Voice Messaging, Fax	
Job Related Education – Tuition, Fees, Books, Supplies, Workshops, Seminars	
Professional Dues / Licenses	
Professional Journals / Trade Journals	
Malpractice Insurance	
Employment Agency Fees	
Job Seeking Expense – Resume, Postage, Copies	
Job Seeking Miles	
Gambling Losses to the Extent of Winnings	
Investment Publications	
Costs Related to Investments - Phone, Fax, Postage	
IRA / SEP / Keogh Fees (Paid Separately)	
Investment, Custodial, Trust Admin. Fees	
Broker Fees for Managed Accounts – (If the Account is an IRA the fees are only deductible if paid from funds outside the IRA)	

## PERSONAL CASUALTY & THEFT LOSSES

*Must Exceed 10% of Your Total Income after Insurance Reimbursement – If You Sustained Such a Loss Call for Details about What to Bring to Your Interview*

## MINNESOTA PROPERTY TAX REFUND AND RENT CREDIT

**RENTERS** - In order to calculate the refund for Renters we need all CRP (Certificate of Rent Paid) forms provided to you by your landlords.

**HOMEOWNERS** - must provide their 2012 Property Tax Statement from their county. Most taxpayers will receive this statement from their county sometime in March. If you do not have the statement at the time of your interview – send it in when you receive it and we will process that calculation after April 16<sup>th</sup>. **WE CANNOT USE PROPOSED PROPERTY TAX STATEMENTS.**

Anyone else living in your household who is not your spouse or your dependent? We will need to know their total income.

## ESTIMATED TAX PAYMENTS

	FEDERAL			STATE	
	DUE DATE	DATE PAID	AMOUNT	DATE PAID	AMOUNT
4 <sup>th</sup> Qtr. Paid in 2011 for 2010 to State	1 – 17 – 2011				
1 <sup>st</sup> Qtr. 2011	4 – 18 – 2011				
2 <sup>nd</sup> Qtr. 2011	6 – 15 – 2011				
3 <sup>rd</sup> Qtr. 2011	9 – 15 – 2011				
4 <sup>th</sup> Qtr. 2011*	1 – 17 – 2012				

\*Be sure to list the 4<sup>th</sup> quarter payment for both Federal and State whether you paid it in 2011 or 2012

## CHILD AND DEPENDENT CARE EXPENSES

Even if you paid your dependent care expenses through a payroll deduction plan you must provide the following information

	YES	NO
Were dependent care services performed in your home? If yes, you may be required to file W2s on behalf of your provider. Call for more information.		
Were you reimbursed for childcare expense through an employer-sponsored plan? If yes, indicate the amount of the reimbursement if it isn't listed on your W2		
Show child care expenses for children under age 13. If a child reached age 13 during the year show the expense paid before the child's birthday.		

Name(s) Of Individual/Organization Who Provided Care	Address	Social Security Or Employer ID Number	Amount Paid

If more space is needed, attach a statement. You cannot take credit for amounts paid to your dependents.

## HEALTH SAVINGS ACCOUNT (HSA)

Indicate coverage under high deductible health plan	Self Only		Family Coverage	
Total HSA contributions for 2011 (do not include employer contributions or rollovers)				
Total HSA distributions for 2011 (bring forms 1099 –SA)				
Number of Months in high deductible health plan in 2011		Amount of annual deductible for the high deductible plan		

## ENERGY CREDITS– Check [www.energystar.gov](http://www.energystar.gov) to be sure your expenses qualify

Enter total amount of costs for:

Insulation*		Advanced Main Air Fan	
Exterior Windows/Skylights*		Solar Electric Property	
Exterior Doors*		Solar Water Heating Property	
Metal / Qualified Asphalt Roofs*		Small Wind Energy Property	
Gas, Propane, Oil Furnace		Geothermal Heat Pump	
Hot Water Boiler		Qualified Fuel Cell Property	

\* Include only Materials Cost

\* New Clients – we need to know amount of energy credit taken in 2006, 2007, 2009, and 2010 – please bring your tax returns

