

# INCOME TAX DATA-ITEMIZER

Taxpayer's name	Soc. Sec. No.
Spouse's name	Soc. Sec. No.
Taxpayer's occupation	Birthdate
Spouse's occupation	Birthdate
Address	
Phone	
Estimated taxes pd.	Federal State Local

## DEPENDENTS

Name	Soc. Sec. No.	Birthdate	Relationship
1)			
2)			
3)			
4)			

  

Income	Support by you	Support by others	Months in your home
1) \$	\$	\$	
2) \$	\$	\$	
3) \$	\$	\$	
4) \$	\$	\$	

NOTE: You must provide a Social Security Number for all dependents.

## THINGS TO BRING

_____ W-2s	_____ 1099-INTs	_____ 1099-DIV	_____ Other 1099s
_____ K-1s	_____ Tax forms with labels	_____ Property tax bill	_____ Last year's tax return

INTEREST INCOME (if not on 1099-INT)			DIVIDEND INCOME (if not on 1099-DIV)		
H/W/Jt	Payer	\$	H/W/Jt	Payer	\$

## RENTAL INCOME AND EXPENSE

Total rent received	_____
Expenses – Taxes	_____
Utilities	_____
Interest	_____
Insurance	_____
Auto mileage	_____
Repairs	_____
Supplies	_____
Other _____	_____
_____	_____
_____	_____
_____	_____

### SALE OF STOCK OR OTHER PROPERTY

	Cost	Sales Price

Please bring supporting documents

## OTHER INCOME

If you have other income, please bring all figures and supporting data. Examples:

Tips	_____
Child care	_____
Pensions / annuities	_____
Jury duty	_____
Strike benefits	_____
Unemployment (1099-G)	_____
Alimony received	_____
Prizes (1099-MISC)	_____
Farming	_____
Self-employment	_____
Partnerships and S corporations	_____
Estates & trusts	_____
Social security benefits	_____
Scholarships & fellowships	_____
Tax refunds	_____
Royalties	_____
Nontaxable income	_____
Gambling	_____
Other _____	_____

## DEDUCTIONS AND CREDIT ITEMS

## PAYMENTS TO A TRADITIONAL IRA

Husband Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Amount \$ \_\_\_\_  
 Wife Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Amount \$ \_\_\_\_

## PAYMENTS TO A ROTH IRA

Husband Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Amount \$ \_\_\_\_\_  
 Wife Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Amount \$ \_\_\_\_\_

## PENALTY FOR EARLY WITHDRAWAL

## ALIMONY PAID

## SELF-EMPLOYED HEALTH INSURANCE

## KEOGH, SEP, & SIMPLE CONTRIBUTIONS

## MEDICAL EXPENSES

Medical Savings Account (MSA) contributions	
Health Savings Account (HSA) contributions	
Insurance & Medicare premiums	
Prescriptions	
Eyeglasses	
Doctors	
Dentists	
Hospital	
Ambulance	
Auto mileage	
Other travel expenses	
Hearing aids & batteries	
Other medical expenses	
Reimbursements	

## TAXES

Real estate tax			
State estimated tax	Date pd.	_____ - _____	_____
	Date pd.	_____ - _____	_____
	Date pd.	_____ - _____	_____
	Date pd.	_____ - _____	_____
Personal property tax			_____
City / county tax			_____
Sales tax			_____
Other			_____

## INTEREST EXPENSE

Home mortgage – pd. to financial institutions \_\_\_\_\_

Home mortgage – pd. to individuals \_\_\_\_\_

(Include name and SS# of individuals)

\_\_\_\_\_

\_\_\_\_\_

Investment interest \_\_\_\_\_

Interest pd. on student loans \_\_\_\_\_

## CONTRIBUTIONS

Churches	_____
Other cash contributions	_____
Charitable auto mileage	_____
Property donated for which you have receipts (fair market value)	_____
Other	_____

## CASUALTY & THEFT LOSSES

Cost of property lost	_____
Fair market value of property	_____
Insurance reimbursement received	_____

## MOVING EXPENSES

Travel & lodging \_\_\_\_\_

Moving household goods \_\_\_\_\_

## AUTOMOBILE EXPENSES

Total miles	_____
Business miles	_____
Gas & oil	_____
Interest	_____
Tolls & local transportation	_____
Other _____	_____

## MISCELLANEOUS

Dues & subscriptions	
Education	
Safety equipment	
Uniforms	
Job seeking expenses	
Legal & accounting	
Tools	
Business entertainment	
Investment & tax advice	
Safe-deposit box	
Hobby losses	
Gambling losses	
Impairment related work expenses	
Classroom expenses for teachers	
Other	

**CHILD CARE EXPENSES** – Bring list of monthly totals

Provider's name	Address	ID# of provider(s)	Amount pd.

## EDUCATION CREDITS

[illegible]

**LOANS:** If you borrowed money during the year, bring a list showing the amounts, dates, and use of proceeds.