TODAY'S DATE

INCOME TAX DATA ITEMIZER

TAX YEAR **2017**

IRA Simple: SEP/Solo 401K:			otate					
IRA Simple								
			State					
IRA Traditional:			Fed.			2017	2017	2018
ROTH:				Carry Forwa	rd APRIL 15 2017	JUNE 15	SEPT 15	JAN 15
PAYMENTS TO RETIREMEN	NT PLANS				ED TAXES P/			
	posit/Debit ROU	TING #:				CCOUNT #:		
ow Do You Want to Receive	-		ie?					
ambling/Bingo/ Lottery Winn				ent Loan Int	erest			
ther Income			2016 Tax Refund (State Only)					
State Unemploy WTH Tax								
Fed. Unemploy WTH Tax								
Unemployment								
Jury Duty			Who	Attended	Institution	Tuition F	Paid Bo	ooks/Supplie
OTHER INCOME					COLLE	ge inform	ATION	
INTEREST				DIVIDENDS				
INTEREST								
INTEREST				DIVIDENDS				
PA	YER	\$				PAYER		\$
		NTEREST 8	& DIV	DEND IN	COME			
Educator Expenses					, ,	ank Accounts	Yes	No
Health Savings Account (HSA)				[]	Early Withdrawal Penalty – How Much?			
Purchase New Home/Refinan						SS#		
Last Year's Tax Return (New C						or Received:		
W-2: How Many? K-								
				IINGS TO				
4)							BIRTHDA	TE:
3)								
2)								
1)								
DEPENDENTS:				ionship:				
				IL ADDRESS				
COUNTY HOME PHONE NUMBER:								
SPOUSE'S OCCUPATION:								
SPOUSE'S NAME:					4 22			

SALE OF STOCK OR OTHER PROPERTY				
DESCRIPTION	DATE BOUGHT	DATE SOLD	SALE PRICE	COST PRICE

MEDICAL EXPENSES

(DO NOT INCLUDE EXPENSES THAT	WERE REIM	BURSED OR F	PRE-TAX)
Self employed Health Insurance			
Medical Insurance Coverage	🗌 Full	Partial	🗌 None
Please Bring to Tax Appt.	1095A	1095B	1095C
Long-term Care Insurance			
Medical Equipment			
Prescriptions (Include Co-Pay)			
Eyeglasses/Contacts			
Doctors (Include Co-Pay)			
Dentist			
Hospital and Ambulance			
Smoking & Weight Loss Medical Ex	opense		
Nursing Home			
Medical Auto Miles () @ .17 =	:		
Other Medical Expenses			

CONTRIBUTIONS

Church, Synagogue, Temple, Mosque

Charitable Mileage	
() x .14 =	
Other Organizations	
United Way	
Heart & Lung Assoc.	
Cancer & MS	
Boy & Girl Scouts	
Goodwill or VETS	
Salvation Army	

1 Mortgage Interest 1098

# 1 WORGage Interest 1050		
# 2 Mortgage Interest 1098		
# 3 Home Equity line Intere	st 1098	
Private Mortgage Paid		
Name & Address		
SS#		
Investment Interest		
Mortgage Points		
Boat/RV/Camper Interest		

MISCELLANEOUS DEDUCTIONS

Work Related -Internet Expenses	
Work Related Cell Phone	
Union Dues	
Job Search Expenses	
Work-related Tools	
Professional Organization	
Legal & Accounting	
Professional Fees	
Work Related Auto Miles () x .535 =	
Work Related Parking & Tolls	
Professional Journals & Books	
Work Related Supplies	
Work Related Education	
Home Office-Work Related	
Uniform Expenses	
Upkeep of Uniforms	
Safe Deposit Boxes	
Moving Expenses	
Investment Fees/IRA Custodial Fee	
Gambling Losses	
Casualty/Theft Losses	
Amount of Employer Reimbursement	()

	CHILD CARE EXPENSES					
CHILD'S NAME	NAME OF CARE GIVER	ADDRESS OF CARE GIVER	SS# Or PROVIDER ID	AMOUNT PAID TO CARE GIVER		

Do You Contribute To a Employer Provided Child Care Plan 🗌 Yes 🗌 No

STATE INFORMATION

College Savings Plan (Contribution/Distribution)

Total Online & Out of State Purchase

Are you a Volunteer Firefighter or Ambulance Worker?

Child Support Paid: _____

Monthly Rent Paid _

Copy of State Drivers License _____