TODAY'S DATE

INCOME TAX DATA ITEMIZER

TAX YEAR **2018**

	LIENT	NEW ADD				
TAX PAYER'S NAME:						
SPOUSE'S NAME:						
TAX PAYER'S OCCUPATION:						
POUSE'S OCCUPATION:						
STREET ADDRESS:						
HOME PHONE NUMBER:	Ł	MAIL ADDRESS:				
DEPENDENTS:		elationship:				
1)						
2)						
3)			_SS#			
4)					BIRTH DAT	TE:
		THINGS TO B				
W-2: How Many? K-1 How Many? Last Year's Tax Return (New Clients Please Provide)			ity Forms How I Alimony Paid o			
Purchase New Home/Refinance Existing? (Include C	Closing Papers)		Spouse S	S#		
Health Savings Account (HSA)			•			
Educator Expenses			Early Withdrawal Penalty – How Much?			
	TEREST & D		, ,			
PAYER	Ś			PAYER		\$
INTEREST	Ŷ	DIVIDENDS		TATEN		
INTEREST		DIVIDENDS				
INTEREST		DIVIDENDS				
OTHER INCOME			COLLEG	E INFORM	ATION	
Jury Duty	W	/ho Attended	Institution	Tuition P	Paid Bo	ooks/Supplie
Unemployment						
Unemployment						
Unemployment Fed. Unemploy WTH Tax State Unemploy WTH Tax		017 Tax Refund	(State Only) _			
Unemployment Fed. Unemploy WTH Tax State Unemploy WTH Tax Dther Income	20	017 Tax Refund udent Loan Inte				
Unemployment Fed. Unemploy WTH Tax State Unemploy WTH Tax Other Income Gambling/Bingo/ Lottery Winnings How Do You Want to Receive Your Refund? Pay B	2(
Unemployment Fed. Unemploy WTH Tax State Unemploy WTH Tax Other Income Gambling/Bingo/ Lottery Winnings	2(erest			
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Unemployment Fed. Unemploy WTH Tax State Unemploy WTH Tax Other Income Gambling/Bingo/ Lottery Winnings How Do You Want to Receive Your Refund? Pay B Check Direct Deposit/Debit ROUTIN PAYMENTS TO RETIREMENT PLANS ROTH:	2(udent Loan Inte ESTIMATI Carry Forwar	EPREST AC ED TAXES PA d APRIL 15 2018	COUNT #: ID JUNE 15 2018	SEPT 15 2018	JAN 15 2019
Unemployment Fed. Unemploy WTH Tax State Unemploy WTH Tax Other Income Gambling/Bingo/ Lottery Winnings How Do You Want to Receive Your Refund? Pay B Check Direct Deposit/Debit ROUTIN PAYMENTS TO RETIREMENT PLANS ROTH: IRA Traditional:		ESTIMATI Carry Forwar	erest AC ED TAXES PA d APRIL 15 2018	COUNT #: ID JUNE 15 2018	SEPT 15 2018	JAN 15 2019
Unemployment Fed. Unemploy WTH Tax State Unemploy WTH Tax Other Income Gambling/Bingo/ Lottery Winnings How Do You Want to Receive Your Refund? Pay B Check Direct Deposit/Debit ROUTIN PAYMENTS TO RETIREMENT PLANS ROTH:		ESTIMATI Carry Forwar	EPREST AC ED TAXES PA d APRIL 15 2018	COUNT #: ID JUNE 15 2018	SEPT 15 2018	JAN 15 2019

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	pense		
Nursing Home			
Medical Auto Miles () @ .18 =	:		
Other Medical Expenses			

CONTRIBUTIONS

Church, Synagogue, Temple, Mosque

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

INTEREST EXPENSES

# 1 Mortgage Interest 1098		
# 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 .545 = 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 _____