TODAY'S DATE

INCOME TAX DATA ITEMIZER

TAX YEAR **2019**

Г	NEW CLIEN	т Г	NEW AD	DRESS			
TAX PAYER'S NAME:				SS #			
SPOUSE'S NAME:							
TAX PAYER'S OCCUPATION:				BIRTH DATE:			
SPOUSE'S OCCUPATION:							
STREET ADDRESS:							
COUNTY							
HOME PHONE NUMBER:							
DEPENDENTS:		Rel	ationship:				
1)						BIRTH DA	TE:
2)							
3)							
4)							.TE:
			THINGS TO				
W-2: How Many? K-1 How					Many?	Energy Ta	x Incentives
Last Year's Tax Return (New Clients F							
Purchase New Home/Refinance Exist							te
	•						
Health Savings Account (HSA)					· · · · ·		
Educator Expenses \	_			Any Foreign Ba	ank Accounts	Yes	No
	INTER	EST & DI	VIDEND IN	COME			
PAYER		\$			PAYER		\$
INTEREST			DIVIDENDS				
INTEREST			DIVIDENDS				
INTEREST			DIVIDENDS	5			
I							
OTHER INCOME				COLLEG	E INFORM	ATION	
Jury Duty		Wh	o Attended	Institution	Tuition P		ooks/Supplies
Unemployment							, ,,
Fed. Unemploy WTH Tax							
State Unemploy WTH Tax							
Other Income		201	8 Tax Refun	d (State Only)			
Gambling/Bingo/ Lottery Winnings				terest			
low Do You Want to Receive Your R							
Check Direct Deposit/	-			AC	COUNT #:		
PAYMENTS TO RETIREMENT PLA	ANS		FSTIMA [.]	TED TAXES PA	JD		
			Carry Forwa		JUNE 15	SEPT 15	JAN 15
ROTH:			,	2019	2019	2019	2020
IRA Traditional:		Fed	ł	<u> </u>			
		Sta					
IRA Simple:					·		
IRA Simple: SEP/Solo 401K:							
IRA Simple: SEP/Solo 401K:		F STOCK O	R OTHER PR	OPERTY			
	SALE O	F STOCK O DATE BOU	R OTHER PR	OPERTY DATE SOLD	SALE PI	RICE	COST PRICE
SEP/Solo 401K:	SALE O				SALE PI	RICE	COST PRICE
SEP/Solo 401K:	SALE O				SALE PI	RICE	COST PRICE

MEDICAL EXPENSES

(DO NOT INCLUDE EXPENSE	S THAT WERE REIM	BURSED OR F	PRE-TAX)	
Self employed Health Insura	ince			
Medical Insurance Coverage	2			
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				
Medical Genetic Testing				
Smoking & Weight Loss Medical Expense				
Nursing Home				
Medical Auto Miles ()	ي .20 =			
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	

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 .58 =	
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	()

Property Taxes	School City County		
Property Tax Freeze Credit Rebate			
NYS Income Taxes Paid With 2019 Return			
Mortgage Tax			
NYS Sales Tax- Large			
INTEREST EXPENSES			
	+ 1000		

TAXES PAID

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

	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)	Are you a Volunteer Firefighter or Ambulance Worker?
Total Online & Out of State Purchase	Child Support Paid:
Monthly Rent Paid	Copy of State Drivers License