TODAY'S DATE

INCOME TAX DATA ITEMIZER

TAX YEAR **2022**

☐ NEW CLIENT ☐ NEW ADDRE				CLOUD ACCES			
TAX PAYER'S NAME:							
SPOUSE'S NAME:							
TAX PAYER'S OCCUPATION:							
		BIRTH DATE:					
		CITY:STATE:ZIP CODE:					
COUNTY							
HOME PHONE NUMBER:	EN	IAIL ADDRESS	:				
DEPENDENTS:		ationship:					
1)							
2)							
3)					RTH DATE:		
4)			SS#	BIF	RTH DATE:		
		HINGS TO					
W-2: How Many? 1099							
Last Year's Tax Return (New Clients Please Provide)			_				
Purchase New Home/Refinance Existing? (Include Closing							
Health Savings Account (HSA)		_ =	Early Withdrawal Penalty – How Much?				
Educator Expenses Virtual Curr Trading			Any Foreign Bank Accounts Yes No				
		VIDEND IN	COME				
PAYER	\$			PAYER	\$		
INTEREST		DIVIDENDS					
INTEREST		DIVIDENDS					
INTEREST		DIVIDENDS					
			1				
OTHER INCOME			COLLEG	E INFORMATI	ON		
Jury Duty	Wh	o Attended	Institution	Tuition Paid	Books/Supplies		
Unemployment							
Fed. Unemploy WTH Tax							
State Unemploy WTH Tax							
Other Income							
Gambling/Bingo/ Lottery Winnings	Stu	dent Loan Int	erest	Fo	rgiven?		
How Do You Want to Receive Your Refund? Pay Balanc	e Due?						
☐ Check ☐ Direct Deposit/Debit ROUTING #:			ACC	COUNT #:			
PAYMENTS TO RETIREMENT PLANS			ED TAXES PAI				
DOTH		Carry Forwa			EPT 15 JAN 15		
ROTH:	_	•	2022		2022 2023		
IRA Traditional:	Fed	· ·					
IRA Simple:	Sta	te					
SEP/Solo 401K:	CTO SY	D OTHER DO	DEDTY -				
		R OTHER PRO		CALE DRICE	COST DDICE		
DESCRIPTION D	ATE BOU	וחנ	DATE SOLD	SALE PRICE	E COST PRICE		
				+			
				1			

MEDI	CAL EXPENS	ES			CONTRIBUTIO	NS	
(DO NOT INCLUDE EXPENS	SES THAT WERE REIM	BURSED OR P	RE-TAX)	Church, Synago	ogue, Temple, Mosque		
Self employed Health Insu			<u> </u>				
Medical Insurance Coverage							
Please Bring to Tax Appt.		1095B	☐ 1095C	Charitable Mile	eage		
Long-term Care Insurance				() x .14 =	-	
Medical Equipment				Other Organiza	ntions		
Prescriptions (Include Co-F	Pavl			United	Way		
Eyeglasses/Contacts	ay,			Heart 8	& Lung Assoc.	-	
Doctors (Include Co-Pay)				Cancer	& MS		
Dentist				Boy &	Girl Scouts		
				Goodw	rill or VETS		
Hospital and Ambulance				Salvati	on Army		
Medical Genetic Testing	adiaal Euraaaa				<u> </u>		
Smoking & Weight Loss Me	edicai Expense						
Nursing Home	1001						
Medical Miles 1/1/22- 6/30				MICCELL	NEOUS DEDUCTION	ONIC NIVE ON	
Medical Miles 7/1/22-12/3	31/22()@.22=				ANEOUS DEDUCTION	DINS-INYS UN	
Other Medical Expenses					Internet Expenses		
				Work Related	Cell Phone		
T/	AXES PAID			Union Dues			
Property Taxes	School			Job Search Exp	enses		
- 1 7 30	City				ork-related Tools		
	County			Professional O	rganization		
	county			Legal & Accour	nting		
Property Tax Freeze Credit	Rehate			Professional Fe	es		
				Work Related I	Work Related Miles 1/1-6/30 () x .585 =		
NYS Income Taxes Paid With 2021 Return Mortrage Tax			Work Related	Work Related Miles 7/1-12/31 ()x .625=			
Mortgage Tax				Work Related I	- 		
NYS Sales Tax- Large				Professional Jo	urnals & Books		
INTER	REST EXPENS	ES		Work Related S	Supplies		
# 1 Mortgage Interest 1098 # 2 Mortgage Interest 1098			Work Related				
			Home Office-V				
# 3 Home Equity line Intere	est 1098			Uniform Expen	ses		
Private Mortgage Paid			Upkeep of Uni				
Name & Address				Safe Deposit B			
SS#				Moving Expens			
Investment Interest			Investment Fees/IRA Custodial Fee				
Mautana Daiuta			Gambling Losses				
Boat/RV/Camper Interest				Amount of Employer Reimbursement (
					•		
☐ If you use Ve	enmo, PayPa	al, or an	y other o	ash apps, plea	se bring form 109	9k	
	PF	RE-SCHO	OOL & CH	ILD CARE EXPE	NSES		
CHILD'S NAME	NAME OF CARE GIVER A			S OF CARE GIVER	SS# Or PROVIDER ID	AMOUNT PAI	
						TO CARE GIVE	
D- V C	Formula 5 1	1. 161					
Do You Contribute To a	Employer Provid	ed Child C	_	Yes No			
			STATE IN	FORMATION			
ollege Savings Plan (Con	trihution/Distrih	ıtion)		☐ Are vou a Volur	iteer Firefighter or Ambu	ance Worker?	
					-		
otal Online & Out of Stat				<u> </u>	aid:		
onthly Rent Paid				Copy of State D	rivers License		
ealthcare worker bonus	received?		-				