

TODAY'S DATE

INCOME TAX DATA ITEMIZER

TAX YEAR
2015

NEW CLIENT NEW ADDRESS

TAX PAYER'S NAME: _____ SS # _____
 SPOUSE'S NAME: _____ SS # _____
 TAX PAYER'S OCCUPATION: _____ BIRTH DATE: _____
 SPOUSE'S OCCUPATION: _____ BIRTH DATE: _____
 STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 COUNTY _____ SCHOOL DISTRICT: _____
 HOME PHONE NUMBER: _____ EMAIL ADDRESS: _____

DEPENDENTS: Relationship:

1). _____ SS# _____ BIRTH DATE: _____
 2). _____ SS# _____ BIRTH DATE: _____
 3). _____ SS# _____ BIRTH DATE: _____
 4). _____ SS# _____ BIRTH DATE: _____

FORMS & THINGS TO BRING

- W-2: How Many? _____ K-1 How many? _____ Energy Tax Incentives _____ Are you a Volunteer Firefighter or Ambulance Worker?
- 1099R- Pension/ Annuity/ IRA/ 401k/ Distribution? _____ Total Online & Out of State Purchase _____
- Social Security Forms- How many? _____ Monthly Rent Paid _____
- College Savings Plans(Contribution/Distribution) _____ Alimony Paid or Received: _____
- Last Year's Tax Return (New Clients Please Provide) _____ Spouse SS# _____
- Purchase New Home/Refinance Existing? (Include Closing Papers) _____ Early Withdrawal Penalty – How Much? _____
- Health Savings Account (HSA) _____ Child Support Paid: _____

INTEREST & DIVIDEND INCOME

	PAYER	\$		PAYER	\$
INTEREST			DIVIDENDS		
INTEREST			DIVIDENDS		
INTEREST			DIVIDENDS		

OTHER INCOME

COLLEGE INFORMATION

Jury Duty _____ Who Attended _____ Institution _____ Tuition Paid _____ Books/Supplies _____
 Unemployment _____
 Fed. Withholding Tax _____
 State Withholding Tax _____
 Other Income _____ 2014 Tax Refund (State Only) _____
 Gambling/Bingo/ Lottery Winnings _____ Student Loan Interest _____
 Any Foreign Bank Accounts- YES NO

How Do You Want to Receive Your Refund? Pay Balance Due?

Check Direct Deposit/Debit ROUTING #: _____ ACCOUNT #: _____

PAYMENTS TO RETIREMENT PLANS

ESTIMATED TAXES PAID

ROTH: _____
 IRA Traditional: _____
 IRA Simple: _____
 KEOGH: _____

Carry Forward APRIL 15 JUNE 15 SEPT 15 JAN 15
 2015 2015 2015 2016

Fed. _____
 State _____

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

MEDICAL EXPENSES

(DO NOT INCLUDE EXPENSES THAT WERE REIMBURSED OR PRE-TAX)

- Self employed Health Insurance _____
- Medical Insurance/Medicare _____
- 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 Expense _____
- Nursing Home _____
- Medical Auto Miles () @ .23 = _____
- 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 _____
- _____
- _____

TAXES PAID

- Property Taxes School _____
- City _____
- County _____
- Property Tax Freeze Credit Rebate _____
- NYS Income Taxes Paid With 2014 Return _____
- Mortgage Tax _____
- NYS Sales Tax- Large _____

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 .575 = _____
- 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 () _____

INTEREST EXPENSES

- # 1 Mortgage Interest 1098 _____
- # 2 Mortgage Interest 1098 _____
- # 3 Home Equity line Interest 1098 _____
- Personal Mortgage Insurance (PMI) _____
- 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