

TODAY'S DATE

INCOME TAX DATA ITEMIZER

TAX YEAR
2021

NEW CLIENT
 NEW ADDRESS
 LEGALLY BLIND
 CLOUD ACCESS

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: _____ Advanced Child Tax Credit? \$ _____
 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? _____ 1099 R's _____ Social Security Forms How Many? _____ Energy Tax Incentives _____
 Last Year's Tax Return (New Clients Please Provide) _____ Alimony Paid or Received: _____
 Purchase New Home/Refinance Existing? (Include Closing Papers) _____ Spouse SS# _____ DV/Sep Date _____
 Health Savings Account (HSA) _____ Early Withdrawal Penalty – How Much? _____
 Educator Expenses _____ Virtual Curr Trading Yes No Any Foreign Bank Accounts Yes No

INTEREST & DIVIDEND INCOME

	PAYER	\$	DIVIDENDS	PAYER	\$
INTEREST					
INTEREST					
INTEREST					

OTHER INCOME

COLLEGE INFORMATION

Jury Duty _____ Who Attended _____ Institution _____ Tuition Paid _____ Books/Supplies _____
 Unemployment _____
 Fed. Unemploy WTH Tax _____
 State Unemploy WTH Tax _____
 Other Income _____ 2020 Tax Refund (State Only) _____
 Gambling/Bingo/ Lottery Winnings _____ Student Loan Interest _____

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: _____ Fed. _____
 IRA Simple: _____ State _____
 SEP/Solo 401K: _____

SALE OF STOCK OR 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 Coverage _____
 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 () @ .16 = _____
 Other Medical Expenses _____

TAXES PAID

Property Taxes School _____
 City _____
 County _____

 Property Tax Freeze Credit Rebate _____
 NYS Income Taxes Paid With 2020 Return _____
 Mortgage Tax _____
 NYS Sales Tax- Large _____

INTEREST EXPENSES

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

Did you receive an Economic Stimulus Payment? _____ How Much? _____

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 .56 = _____
 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 () _____

PRE-SCHOOL & 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 _____
 Monthly Rent Paid _____
 Are you a Volunteer Firefighter or Ambulance Worker? _____
 Child Support Paid: _____
 Copy of State Drivers License _____