

TODAY'S DATE

INCOME TAX DATA ITEMIZER

TAX YEAR
2024

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:

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) _____ Did you Purchase/Lease an Electric Vehicle? _____
- Purchase New Home/Refinance Existing? (Include Closing Papers) _____ Alimony Paid or Received: _____
- Health Savings Account (HSA) _____ Spouse SS# _____ DV/Sep Date _____
- Educator Expenses _____ Virtual Curr Trading Yes No Any Foreign Bank Accounts Yes No

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. Unemploy WTH Tax _____

State Unemploy WTH Tax _____

Other Income _____ 2023 Tax Refund (State Only) _____

Gambling/Bingo/ Lottery Winnings _____ Student Loan Interest _____ Forgiven? _____

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: _____

SEP/Solo 401K: _____

Carry Forward	APRIL 15	JUNE 15	SEPT 15	JAN 15
	2024	2024	2024	2025

Fed. _____

State _____

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 Miles () @.21 = _____
 Other Medical Expenses _____

TAXES PAID

Property Taxes School _____
 City _____
 County _____
 Property Tax Freeze Credit Rebate _____
 NYS Income Taxes Paid With 2023 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 Paid _____
 Name & Address _____
 SS# _____
 Investment Interest _____
 Mortgage Points _____
 Boat/RV/Camper Interest _____

If you use Venmo, PayPal, or any other cash apps, please bring form 1099k

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 _____
 Healthcare worker bonus received? _____

Are you a Volunteer Firefighter or Ambulance Worker? _____
 Child Support Paid: _____
 Copy of State Drivers License _____

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-NYS ONLY

Work Related -Internet Expenses _____
 Work Related Cell Phone _____
 Union Dues _____
 Job Search Expenses _____
 Work-related Tools _____
 Professional Organization _____
 Legal & Accounting _____
 Professional Fees _____
 Work Related Miles () x .67 = _____
 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 _____
 Amount of Employer Reimbursement () _____