

INCOME TAX DATA-ITEMIZER

Taxpayer's Name	Soc. Sec. No.
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Spouse's Name	Soc. Sec. No.
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Taxpayer's Occupation	Date of Birth	Blind?
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Spouse's Occupation	Date of Birth	Blind?
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Address	
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Phone	E-mail address
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Estimated Tax Pymts	#1 Fed	State	#2 Fed	State	#3 Fed	State	#4 Fed	State
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DEPENDENT CHILDREN

Name	DOB	SSN	Name	DOB	SSN
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OTHER DEPENDENTS

Name	Months in your home	Relationship	Income	Support by you	Supported by Dep. & Others
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THINGS TO BRING

*Last year's tax return (if new client)

* W-2 forms, tax forms with labels, 1099's for interest, dividends and other income,

K-1, 1098, closing docs for home bought/sold/refinanced for tax year

WAGES & WITHHOLDING INFORMATION FROM W-2's

H/W	Employer's Name	Federal Tax	Wages, ect.	FICA	State Tax	City Tax
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Please indicate (H) for Husband (W) for Wife (J) for Jointly Owned

Dividend Income	Ordinary	Qualified	Interest Income
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Rental Income and Expense

Other Income

Total Rent Received	_____
Expenses Taxes	_____
Utilities	_____
Interest	_____
Insurance	_____
Auto Mileage	_____
Repairs	_____
Cleaning & Maint	_____
Supplies	_____
Other	_____

If you have other income please bring all figures and supporting data. Examples:

Child Care	_____
Pensions/Annuities	_____
Jury Duty	_____
Strike Benefits	_____
Unemployment - 1099-G	_____
Alimony Received	_____
Prizes - 1099-Misc.	_____
Farming	_____
Self-employed	_____
Partnerships & "S" Corps.	_____
Estates & Trusts	_____
Social Security	_____
Other	_____

Sale of Stock or Other Property

Cost	Sales Price
_____	_____
_____	_____
_____	_____

DEDUCTION AND CREDIT ITEMS

Payments to an IRA or Keogh Plan

Husband	Amount	\$ _____	Date	_____
Wife	Amount	\$ _____	Date	_____

CD Penalty/Early Withdrawl _____

Alimony Paid _____

Employee Business Expenses

Automobile Expense (Business Only)

Odometer Reading	End of Year	_____
	Beginning of Year	_____
	Total Miles Driven	_____
	Business Miles	_____

Gas & Oil	_____
Repairs & Maintenance	_____
Insurance	_____
Interest	_____
Licenses	_____
_____	_____

Medical Expenses

Insurance & Medicare	_____
Prescriptions	_____
Eyeglasses	_____
Doctors	_____
Dentists	_____
Hospital	_____
Ambulance	_____
Auto Mileage	_____
Other Travel Expense	_____
Hearing Aids & Batteries	_____
Long Term Care Premiums	_____
Other Medical Expenses	_____

Taxes

Real Estate Taxes	_____
State Tax Pymts	Amount/Date _____
	Amount/Date _____
	Amount/Date _____
	Amount/Date _____
Personal Property Tax (Vehicle Reg.)	_____
City/County Taxes	_____
Sales Tax paid on vehicle, boat, new home	_____
Other	_____
Questions to ask the tax preparer:	_____

Interest Expense

Home Mortgage-Pd to Financial Inst.	_____
Home Mortgage-Pd to Individual	_____
Name of Individual	_____
Address	_____
Social Security #	_____
Charge Cards (Business Only)	_____

Education

Studen Loan Interest Pymts	_____
Tuition Pymts	_____
Fees	_____
Institution	_____
Fresham/Sophomore Status?	_____
Teacher/Educator Expenses	_____

Contributions

Churches	_____
Other Cash Contributions	_____
Charitable Auto Mileage	_____
Property donated for which you have receipts (fair market value)	_____
Other	_____

Casualty & Theft Losses

Cost of Property Lost	_____
Fair Market Value of Property	_____
Insurance Reimbursement Rec'd	_____

Miscellaneous

Professional Dues	_____
Subscriptions-Business Journals	_____
Safety & Protective Equipment	_____
Uniforms	_____
Tools Required for Job	_____
Employment Agency Fee	_____
Employee Education Expense	_____
Safety Deposit Box	_____
Tax Return/Financial Consulting Fees	_____
Other	_____
Child Care Expenses	_____
Name & SSN of Provider	_____