

TODAY'S DATE

INCOME TAX DATA ITEMIZER

TAX YEAR
2020

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) _____ 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 | \$ | | 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 _____ 2019 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

Carry Forward APRIL 15 JUNE 15 SEPT 15 JAN 15
 2020 2020 2020 2021

ROTH: _____ Fed. _____
 IRA Traditional: _____ State _____
 IRA Simple: _____
 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 () @ .17 = _____
 Other Medical Expenses _____

TAXES PAID

Property Taxes School _____
 City _____
 County _____

 Property Tax Freeze Credit Rebate _____
 NYS Income Taxes Paid With 2019 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 _____

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 .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 () _____

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 _____