INCOME TAX DATA-ITEMIZER

Taxpayer's name	Soc. Sec. No.		
Spouse's name	Soc. Sec. No.		
Taxpayer's occupation	Birthdate	Blind?	
Spouse's occupation	Birthdate	Blind?	
Address			
Phone			

Estimated taxes pd. Federal

State

Local

DEPENDENTS					
Name			Soc. Sec. No.	Birthdate	Relationship
1)					
2)					
3)					
4)					
Incom	е	Support by you	Suppor	t by others	Months in your home
1) \$	\$		\$		
2) \$	\$		\$		
3) \$	\$		\$		
4) \$	\$		\$		

NOTE: You must provide a Social Security Number for all dependents.

THINGS TO BRING						
W-2s	1099-INTs	1099-DIV	Other 1099s			
K-1s	Tax forms with labels	Property tax bill	Last year's tax return			

INTEREST INCOME (if not on 1099-INT)		DIVIDEND INCOME (if not on 1099-DIV)		
H/W/Jt Payer	\$	H/W/Jt Payer	\$	

RENTAL INCOME AND EXPENSE OTHER INCOME					
Total rent received Expenses – Taxes Utilities Interest Insurance Auto mileage Repairs Supplies Other			If you have other income, please bring all figures and supporting data. Examples: Tips		
SALE OF STOCK OR OTHER PROPERTY	Cost	Sales Price	Social security benefits		
Please bring supporting documents			Other		

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	DEDUCTIONS AN	ID CREDIT ITEMS		
PAYMENTS TO A TRADITIONAL I			TRIBUTIONS	
Husband Date	Amount \$		mbonons	
Wife Date		Churches Other cash contributions		
PAYMENTS TO A ROTH IRA		Charitable auto mileage		
Husband Date	Amount \$	Property donated for which	sh you have	
Wife Date	Amount \$	receipts (fair market va		
PENALTY FOR EARLY WITHDRA	WAL	Other	1007	
SELF-EMPLOYED HEALTH INSU			& THEFT LOSSES	
KEOGH, SEP, & SIMPLE CONTRI	BUTIONS	Cost of property lost		
MEDICAL EXPE	NSES	Fair market value of prope		
Medical Savings Account (MSA) co	ontributions	Insurance reimbursement	received	
Health Savings Account (HSA) con		MOVIN	IG EXPENSES	
Insurance & Medicare premiums		Travel & lodging		
Prescriptions		Moving household goods		
Eyeglasses		Moving nouseriold goods		
Doctors		AUTOMO	BILE EXPENSES	
Dentists		Total miles		
Hospital		Business miles		
Ambulance		Gas & oil		
Auto mileage		Interest		
Other travel expenses		Tolls & local transportation	n	
Hearing aids & batteries		Other		
Other medical expenses Reimbursements				
		MISC	ELLANEOUS	
TAXES				
Real estate tax		Dues & subscriptions		
State estimated tax Date pd.		Education		
Date pd.		Safety equipment		
Date pd.		Uniforms		
Date pd		Job seeking expenses		
Personal property tax		Legal & accounting Tools		
City / county tax Sales tax		Business entertainment		
Other		Investment & tax advice		
Other		Safe-deposit box		
INTEREST EXP	ENSE	Hobby losses		
Home mortgage – pd. to financial ir	nstitutions	Gambling losses		
Home mortgage – pd. to individuals		Impairment related work e	expenses	
(Include name and SS# of individu	uals)	Classroom expenses for teachers		
		Energy property installed		
		Other		
Investment interest				
Interest pd. on student loans				
CHILD CARE EXPENSES – Bring	list of monthly totals			
Provider's name	Address		ID# of provider(s)	Amount pd.
FIONDEI STIAITIE	Address			Amount pu.
EDUCATION CREDITS	11			
Name of institution	Tuition pd	Who attended	When class	ses began
				0

LOANS: If you borrowed money during the year, bring a list showing the amounts, dates, and use of proceeds.