

INCOME TAX DATA-ITEMIZER

(Name only—if no changes)

Taxpayer's Name _____ Soc Sec # _____ DOB _____ Blind _____
Spouse's Name _____ Soc Sec # _____ DOB _____ Blind _____
Taxpayer's Occupation _____ Spouse's Occupation _____
Spouse's Address _____ City _____ State _____ Zip _____
Phone # _____ E MAIL ADDRESS _____ Cell # _____

DEPENDENT CHILDREN (IN HOME)

NAME (FIRST, M, LAST)	BIRTH DATE	SOC SEC #	# MONTHS IN HOME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER DEPENDENTS

NAME	SOC SEC #	RELATIONSHIP	INCOME	# MONTHS IN HOME
_____	_____	_____	_____	_____

OTHER INCOME

GAMBLING/LOTTERY _____
BINGO/PRIZES _____
RETIREMENT _____
SOCIAL SECURITY _____
FARMING _____
TAX EXEMPT INT. _____
SELF EMPLOYMENT _____
ESTATES/TRUST/K-1 _____
INT/DIVIDENDS _____
ALIMONY REC'D _____
BRING ALL 1099 FORMS

ESTIMATE TAXES PAID FOR 2010

FEDERAL		STATE	
DATE PD	AMT.	DATE PD	AMT
1 st	_____	_____	_____
2 nd	_____	_____	_____
3 rd	_____	_____	_____
4 th	_____	_____	_____
TOTALS		_____	_____

SALE OF PROPERTY (INCL HOME) OR STOCK
NAME PURCH SOLD COST SALE
DATE DATE (1099-B)

RENTAL INCOME & EXPENSE

TOTAL RENT REC. _____
INSURANCE _____
INTEREST _____
TAXES _____
UTILITIES _____
SUPPLIES _____
REPAIRS _____
MILEAGE _____
OTHER _____
MAJOR IMPROV. DATE AMT
CARPET/STOVE/ETC _____

DEDUCTION AND CREDIT ITEMS

PAYMENTS TO A IRA, SEP, KEOGH

TAXPAYER _____ SPOUSE _____
TUITION EXP _____
TEACHERS CLASSROOM EXP _____
LONG TERM CARE INS: T/P _____
SPO _____
BUSINESS MILES _____
TOTAL MILES _____

INTEREST EXPENSE

1098 HOME MTG PD. _____
1098 HOME EQUITY PD. _____
HOME MTG PD TO INDIVIDUAL _____
NAME _____
ADDRESS _____
SOC SEC # _____
REFI/NEW HOME-BRING CLOSING PAPERS

MEDICAL EXPENSES (OUT-OF-POCKET ONLY—DO NOT INCL REIMB OR FLEX ITEMS)

INSURANCE (HEALTH) _____
DR/DENTIST/HOSPITAL _____
PRESCRIPTIONS _____
MILEAGE _____
AMBULANCE/GLASSES _____
HEARING _____
TAXES _____
REAL ESTATE TAXES _____
PERSONAL PROPERTY _____
OTHER REAL ESTATE TAX _____

CONTRIBUTIONS

CHARITIES (NEED RCPT) _____
CHARITABLE MILEAGE _____
NON CASH ITEMS (FMV) NEED RCPT _____
MISCELLANEOUS _____
UNION/PROFESS DUES _____
EMPLOYEE BUS EXP _____
UNIFORMS/UPKEEP _____
TOOLS JOB REQUIRED _____
SAFE DEP BOX _____
TAX PREP FEE _____

CHILD CARE EXPENSE

NAME OF CHILD	NAME OF PROVIDER	PROVIDER ADDRESS	SOC SEC#	AMOUNT
_____	_____	_____	_____	_____

QUESTIONS TO ASK THE TAX PREPARER _____