IF YOU ARE PLANNING A VACATION OR EXTENDED TRIP AWAY FROM HOME DURING TAX SEASON, BE SURE TO LET US KNOW THE DATES THAT YOU WILL BE GONE AND HOW WE CAN CONTACT YOU.

BRING TO YOUR TAX APPT OR INCLUDE WHEN YOU DROP OFF YOUR TAX INFORMATION, ALL W-2'S, 1099 FORMS, 1098 FORMS, K-1 FORMS OR ANY OTHER INFORMATION FORMS THAT YOU RECEIVE.

INCOME TAX DATA ITEMIZER

Taxpayer's name		Social Security #	
Spouse's name		Social Security #	
Taxpayer's occupation		Birth date	Blind?
Spouse's occupation		Birth date	Blind?
Address			
Phone	Best time to call?	E-mail address	
School District		County	
Estimated taxes pd (date & amt pd) Federal		Local Municipality	
Estimated taxes pd (date & amt pd) State			

DEPENDENTS

Name	Social Security Number	Birth Date	Relationship
1)			
2)			
3)			
4)			

Some Sources of Income (please enclose documentation):

- If applicable, Form 1095A. Go to www.healthcare.gov for your form.
- Wages (W-2 Forms) and Unreported Tip Income
- YTD payroll stub from all employers dated 2022
- Social Security Income
- Interest Income Forms (including tax-exempt interest)
- Dividends Income (including tax-exempt dividends)

Please include your 12/31/22 full year annual statements.

- IRA, Pension, Annuity Distributions, and IRA Rollover Information
- Unemployment Income 1099G
- Alimony Income old law

- 401K Statements
- Gambling/Lottery/Prize Winnings
- Jury Duty Pay
- Hobby Income
- Partnership & S Corporation Income (Form K-1)
- Estate Income (Form K-1)
- Sale of Stocks (Form 1099B), real estate (Form 1099S), personal property or business property.
 Purchase & sale dates and amounts will be needed.
- Business Income (identified by source, i.e., business income, loans, gifts, etc.)
- Farm Income (identified by source, i.e., business income, loans, gifts, etc.)
- Other Income not listed above

	Child Ca	re Expenses		IRA & RETIREMENT ACCOUNTS	
Provider's	Address	ID# of	Amount	PAYMENTS TO A TRADITIONAL IRA	
Name		Provider(s)	Paid	Taxpayer name:	Date Amount \$
				Taxpayer name:	Date Amount \$
Tuition Paid and Education Credits		PAYMENTS TO A ROTH IRA			
Name of Institution	Tuition paid	Who Attended	When classes began	Taxpayer name:	Date Amount \$
				Taxpayer name:	DateAmount \$
				KEOGH, SEP & SIMPLI	E CONTRIBUTIONS

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PARTIAL LIST OF POSSIBLE DEDUCTIONS OR CREDITS

Medical savings account contributions

Health Insurance & Medicare premiums

Prescriptions

Eyeglasses, Hearing Aids & batteries

Doctor, Dentist & Hospital bills

Medical Miles traveled

Medical travel & lodging expenses

Other medical expenses

Real estate tax

Personal property tax

City/County tax

Home mortgage – interest paid to financial institutions

Home mortgage – interest paid to individuals (Include

Name, address and SS# of individuals)

Home Equity Loan Interest

Mortgage Interest paid on other property. Explain

Investment Interest Expense

Qualified Student Loan Interest

Church contributions

Other cash contributions

Charitable auto mileage

Property donated for which you have receipts (fair market

value)

Union dues

Union name & local #

Professional Dues - work related

Education required by Employer

Tools, Supplies and Equipment used at your job

Business miles for your employer's purpose

Work uniforms purchased and cleaning

Gambling Losses

Hobby Expenses

Business Expenses (categorized)

Farm Expenses (categorized)

Qualified Adoption Expenses

Auto: 12/31/22 Odometer 12/31/21 Odometer

Model, Make and Year of Car

Business/Employer Miles

Casualty Losses please call our office

Sale of Stock or other property	Date Bought	Date Sold	Cost	Sales Price

RENTAL INCOME AND EXPENSE Total rent received

Expenses: **Taxes** Utilities Insurance Auto mileage Repairs Supplies Other

PAYMENTS TO EDUCATIONAL IRA'S an
COLLEGE TUITION

Child's Name Amount