

IF YOU ARE PLANNING A VACATION OR EXTENDED TRIP AWAY FROM HOME DURING TAX SEASON, PLEASE 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 and amount paid) Federal		Local Municipality	
Estimated Taxes pd (date and amount paid) State			

DEPENDENTS

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

Some Sources of Income (please enclose documentation):

- If you have health insurance coverage include Form 1095 Health Insurance Coverage Statement
- Wages (W-2 Forms) and Unreported Tip Income
- YTD payroll stub from all employers dated 2018
- Social Security Income
- Interest Income Forms (including tax-exempt interest)
- Dividends Income (including tax-exempt dividends)
- Please include your 12/31/18 full year annual statements.
- IRA, Pension, Annuity Distributions, and IRA Rollover information
- Unemployment Income
- Alimony Income
- 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 CARE EXPENSES

Provider's name	Address	ID# of provider(s)	Amount pd.
Tuition Paid and Education Credits			
Name of Institution	Tuition pd.	Who attended	When classes began

IRA & RETIREMENT ACCOUNTS

PAYMENTS TO A TRADITIONAL IRA

Taxpayer name:	Date ___ - ___ - ___	Amount \$
Taxpayer name:	Date ___ - ___ - ___	Amount \$

PAYMENTS TO A ROTH IRA

Taxpayer name:	Date ___ - ___ - ___	Amount \$
Taxpayer name:	Date ___ - ___ - ___	Amount \$

KEOGH, SEP, & SIMPLE CONTRIBUTIONS

