

Vetscher & Associates, LLC

Certified Public Accountants
 2550 UNIVERSITY AVE. W, SUITE 185S
 SAINT PAUL, MN 55114
 PHONE 651-690-2250, FAX 651-696-5183
 TOLL-FREE 888-690-2250
 Web Site: www.vetscher-cpas.com
 Email: tvetscher@vetscher-cpas.com

INCOME TAX DATA-ITEMIZER

(T) TAXPAYER'S NAME		SS#	BIRTHDATE
(S) SPOUSE'S NAME		SS#	BIRTHDATE
(T) OCCUPATION	BLIND? Yes [] No []		
(S) OCCUPATION	BLIND? Yes [] No []		
ADDRESS			
PHONE: HOME	WORK (T)	E-MAIL	
BANK ACCOUNT INFORMATION			
<i>(FILL OUT IF YOU WOULD LIKE YOUR REFUND DIRECT DEPOSITED OR IF YOU WOULD LIKE YOUR BAL DUE ELECTRONICALLY DEDUCTED FROM YOUR ACCT)</i>			
NAME OF BANK	CHECKING ACCOUNT [] SAVINGS ACCOUNT [] (check one)		
ROUTING NUMBER	ACCOUNT NUMBER		
DEPENDENTS			
NAME	SS#	BIRTHDATE	RELATIONSHIP
			COST OF CHILD CARE
THINGS TO BRING			
___ W-2'S	___ FORM SSA-1099 (only if collecting Social Security)	___ REAL ESTATE TAX BILLS	
___ 1099-INT	___ OTHER 1099'S (A, B, C, K, G, LTC, MISC, PATR, Q, R, S, SA)	___ CLOSING PAPERS ON PURCHASING OR	
___ 1099-DIV	___ FORM 1095 (A, B, or C)	___ REFINANCING HOUSE (Form HUD-1)	
	___ FORM 1098 (Mortgage Interest, E, T)	___ LAST 3 YR'S RETURNS IF NEW CLIENT	
ENTIRE FAMILY COVERED FOR FULL YEAR WITH MIN ESSENTIAL HEALTH COVERAGE? YES [] NO [] NOT SURE []			
WAGE INCOME (Form W-2)			
T/S	EMPLOYER	WAGES	FED TAX
		\$	\$
		\$	\$
T/S	EMPLOYER	WAGES	FED TAX
		\$	\$
		\$	\$
DIVIDEND INCOME (Form 1099-DIV)		INTEREST INCOME (Form 1099-INT)	
TSJ	PAYER	AMOUNT	QUALIFIED AMOUNT
		\$	\$
		\$	\$
TSJ	PAYER	AMOUNT	
		\$	
		\$	
SALE OF STOCK OR OTHER PROPERTY - CAPITAL GAINS AND LOSSES (Form 1099-B or Form 1099-S)			
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE
			\$
			\$
RENTAL INCOME & EXPENSE		OTHER INCOME	
TOTAL RENT RECEIVED	AMOUNT	IF YOU HAVE OTHER INCOME, PLEASE BRING ALL FIGURES AND SUPPORTING DATA.	
EXPENSES:		AMOUNT	
ADVERTISING	\$	UNEMPLOYMENT (Form 1099-G)	\$
AUTO MILEAGE	\$	IRA DISTRIBUTIONS (Form 1099-R)	\$
CLEAN & MAINTENANCE	\$	PENSIONS/ANNUITIES (Form 1099-R)	\$
COMMISSIONS	\$	SOCIAL SECURITY (Form SSA-1099)	\$
INSURANCE	\$	RAILROAD RETIREMENT (Form RRB-109)	\$
LEGAL & PROF FEES	\$	GAMBLING (Form W-2G)	\$
MANAGEMENT FEES	\$	ALIMONY RECEIVED	\$
MORTGAGE INTEREST	\$	PARTNERSHIPS & S CORPS (Form K-1)	\$
REPAIRS	\$	ESTATES & TRUSTS (Form K-1)	\$
SUPPLIES	\$	FORM 1099-MISC	\$
TAXES	\$	SELF-EMPLOYED (See Small Biz Workshe	\$
UTILITIES	\$	STATE TAX REFUND (Form 1099-G)	\$
ASSOCIATION DUES	\$	OTHER	\$
OTHER	\$	OTHER	\$

ITEMIZED DEDUCTIONS, ADJUSTMENTS, CREDITS AND OTHER ITEMS

ITEMIZED DEDUCTIONS			AMOUNT	INCOME ADJUSTMENTS/DEDUCTIONS		
MEDICAL EXPENSES (TOTAL MUST EXCEED 10% OF INCOME)				PAYMENTS TO IRA (TRAD/ROTH), SEP, SIMPLE OR KEOGH		
INSURANCE (NOT PRE-TAX)	\$			T/S TYPE (TRAD/ROTH)	DATE	AMOUNT
PRESCRIPTIONS	\$					\$
NURSING HOME	\$					\$
GLASSES	\$			STUDENT LOAN INTEREST (Form 1098-E)		INTEREST PAID
DOCTORS	\$			LENDER _____		\$
AUTO MILEAGE	\$			HSA CONTRIBUTIONS (Form 5498-SA)		\$
LONG TERM CARE PREMIUMS PAID	\$			HSA DISTRIBUTIONS (Form 1099-SA)		\$
LONG TERM CARE INS POLICY #				FLEX SPENDING ACCOUNT (FSA)		\$
TAXES (\$10,000 MAXIMUM DEDUCTION)				SELF-EMPLOYED HEALTH INSURANCE		\$
STATE TAXES PAID ON PRIOR YEAR RETURN	\$			ALIMONY PAID SS# _____		\$
STATE ESTIMATED TAX PAI	1/15	\$		TAX CREDIT ITEMS		
STATE ESTIMATED TAX PAI	4/15	\$		RESIDENTIAL ENERGY CREDIT		
STATE ESTIMATED TAX PAI	6/15	\$				AMOUNT
STATE ESTIMATED TAX PAI	9/15	\$		SOLAR WATER HEATERS		\$
REAL ESTATE TAXES		\$		SOLAR PANELS		\$
2ND HOME PROPERTY TAXES		\$		GEOTHERMAL HEAT PUMPS		\$
AUTO LICENSE (TABS)		\$		SMALL WIND TURBINES		\$
MAJOR SALES TAX PURCHASES		\$		FUEL CELLS		\$
INTEREST EXPENSE				CHILD CARE EXPENSES		
HOME MORTGAGE (Form 1098)	\$			PROVIDER _____		\$
SECOND MORTGAGE (Form 1098)	\$			ADDRESS _____		
MORTGAGE INSURANCE PREMIUMS	\$			PROVIDER'S ID/SS# _____		
CONTRACT FOR DEED	\$			PROVIDER _____		\$
IF PAID TO AN INDIVIDUAL INCLUDE:				ADDRESS _____		
NAME	SS#	-	-	PROVIDER'S ID/SS# _____		
ADDRESS				COLLEGE TUITION EXPENSES (Form 1098-T)		
POINTS PAID AT CLOSING	\$			WHO? _____	GRADE _____	\$
INVESTMENT INTEREST	\$			WHO? _____	GRADE _____	\$
OTHER	\$			WHO? _____	GRADE _____	\$
CONTRIBUTIONS				WHO? _____	GRADE _____	\$
CHURCHES/SYNAGOGUES	\$			ADOPTION EXPENSES		
OTHER CASH CONTRIBUTIONS	\$			FOREIGN TAXES PAID (Form 1099-B, DIV, and/or INT)		
CHARITABLE AUTO MILEAGE	\$			STATE DEDUCTIONS		
FAIR MARKET VALUE OF NON-CASH DONATIONS	\$			529 PLAN CONTRIBUTIONS		\$
(TO PLACES LIKE GOODWILL)	\$			529 PLAN DISTIRBUTIONS (FORM 1099-Q)		\$
IF OVER \$500, PROVIDE DETAILED LIST				K-12 PRIVATE SCHOOL TUITION		\$
OTHER				FEDERALLY DECLARED DISASTER AREA CASUALTY		
FEDERAL ESTIMATED TAXES PAID	4/15	\$		FEDERALLY DECLARED DISASTER AREA CASUALTY		
FEDERAL ESTIMATED TAXES PAID	6/15	\$		GAMBLING LOSSES		
FEDERAL ESTIMATED TAXES PAID	9/15	\$		EDUCATOR/TEACHER CLASSROOM SUPPLIES		
FEDERAL ESTIMATED TAXES PAID	1/15	\$		NANNY TAXES PAID		
ADDITIONAL ITEMS/QUESTIONS?						
CREDIT CARD INFO (FILL OUT ONLY IF YOU WOULD LIKE TO PAY YOUR TAX PREP FEE WITH A CREDIT CARD)						
CARD TYPE	ACCOUNT NUMBER				EXP DATE	
SVC # (LAST 3 DIGITS ON BACK OF CARD)						