

# Vetscher & Associates, LLC

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## INCOME TAX DATA-ITEMIZER

<b>(T) TAXPAYER'S NAME</b>			SS#	BIRTHDATE
<b>(S) SPOUSE'S NAME</b>			SS#	BIRTHDATE
(T) OCCUPATION			BLIND? Yes [ ] No [ ]	
(S) OCCUPATION			BLIND? Yes [ ] No [ ]	
ADDRESS				
PHONE: HOME		WORK (T)	E-MAIL	
<b>BANK ACCOUNT INFORMATION</b>				
<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	
<b>DEPENDENTS</b>				
NAME	SS#	BIRTHDATE	RELATIONSHIP	COST OF CHILD CARE
<b>THINGS TO BRING</b>				
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 [ ]				
<b>WAGE INCOME (Form W-2)</b>				
T/S	EMPLOYER	WAGES	FED TAX	ST TAX WH
		\$	\$	\$
		\$	\$	\$
<b>DIVIDEND INCOME (Form 1099-DIV)</b>			<b>INTEREST INCOME (Form 1099-INT)</b>	
TSJ	PAYER	AMOUNT	QUALIFIED AMOUNT	AMOUNT
		\$	\$	\$
		\$	\$	\$
<b>SALE OF STOCK OR OTHER PROPERTY - CAPITAL GAINS AND LOSSES (Form 1099-B or Form 1099-S)</b>				
DESCRIPTION		DATE ACQUIRED	DATE SOLD	SALES PRICE
				\$
				\$
				\$
<b>RENTAL INCOME &amp; EXPENSE</b>		<b>OTHER INCOME</b>		
TOTAL RENT RECEIVED		<b>IF YOU HAVE OTHER INCOME, PLEASE BRING ALL FIGURES AND SUPPORTING DATA.</b>		
EXPENSES:		<b>AMOUNT</b>		
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**

<b>ITEMIZED DEDUCTIONS</b>			<b>AMOUNT</b>	<b>INCOME ADJUSTMENTS/DEDUCTIONS</b>		
<b>MEDICAL EXPENSES</b> (TOTAL MUST EXCEED 10% OF INCOME)				<b>PAYMENTS TO IRA (TRAD/ROTH), SEP, SIMPLE OR KEOGH</b>		
INSURANCE (NOT PRE-TAX)	\$			T/S TYPE (TRAD/ROTH)	DATE	<b>AMOUNT</b>
PRESCRIPTIONS	\$					\$
NURSING HOME	\$					\$
GLASSES	\$			<b>STUDENT LOAN INTEREST (Form 1098-E)</b>		<b>INTEREST PAID</b>
DOCTORS	\$			LENDER _____		\$
AUTO MILEAGE	\$			<b>HSA CONTRIBUTIONS (Form 5498-SA)</b>		\$
LONG TERM CARE PREMIUMS PAID	\$			<b>HSA DISTRIBUTIONS (Form 1099-SA)</b>		\$
LONG TERM CARE INS POLICY #				<b>FLEX SPENDING ACCOUNT (FSA)</b>		\$
<b>TAXES</b> (\$10,000 MAXIMUM DEDUCTION)				<b>SELF-EMPLOYED HEALTH INSURANCE</b>		\$
STATE TAXES PAID ON PRIOR YEAR RETURN	\$			<b>ALIMONY PAID</b> SS# _____		\$
STATE ESTIMATED TAX PAID	1/15	\$		<b>TAX CREDIT ITEMS</b>		
STATE ESTIMATED TAX PAID	4/15	\$		<b>RESIDENTIAL ENERGY CREDIT</b>		
STATE ESTIMATED TAX PAID	6/15	\$				<b>AMOUNT</b>
STATE ESTIMATED TAX PAID	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		\$
<b>INTEREST EXPENSE</b>				<b>CHILD CARE EXPENSES</b>		
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				<b>COLLEGE TUITION EXPENSES (Form 1098-T)</b>		
POINTS PAID AT CLOSING	\$			WHO? _____	GRADE _____	\$
INVESTMENT INTEREST	\$			WHO? _____	GRADE _____	\$
OTHER	\$			WHO? _____	GRADE _____	\$
<b>CONTRIBUTIONS</b>				<b>ADOPTION EXPENSES</b>		
CHURCHES/SYNAGOGUES	\$					
OTHER CASH CONTRIBUTIONS	\$			<b>FOREIGN TAXES PAID (Form 1099-B, DIV, and/or INT)</b>		
CHARITABLE AUTO MILEAGE	\$					
FAIR MARKET VALUE OF NON-CASH DONATIONS	\$			<b>STATE DEDUCTIONS</b>		
(TO PLACES LIKE GOODWILL)	\$			529 PLAN CONTRIBUTIONS		
IF OVER \$500, PROVIDE DETAILED LIST				529 PLAN DISTRIBUTIONS (FORM 1099-Q)		
				K-12 PRIVATE SCHOOL TUITION		
				UNREIMBURSED JOB EXPENSES (PROVIDE LIST)		
<b>OTHER</b>						
FEDERAL ESTIMATED TAXES PAID	4/15	\$		FEDERALLY DECLARED DISASTER AREA CASUALTY		
FEDERAL ESTIMATED TAXES PAID	6/15	\$				
FEDERAL ESTIMATED TAXES PAID	9/15	\$		GAMBLING LOSSES		
FEDERAL ESTIMATED TAXES PAID	1/15	\$		EDUCATOR/TEACHER CLASSROOM SUPPLIES		
				NANNY TAXES PAID		
<b>ADDITIONAL ITEMS/QUESTIONS?</b>						
<b>CREDIT CARD INFO</b> (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)						