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INCOME TAX DATA-ITEMIZER

(T) TAXPAYER'S NAME		SS#	BIRTHDATE
(S) SPOUSE'S NAME		SS#	BIRTHDATE
(T) OCCUPATION		BLIND?	
(S) OCCUPATION		BLIND?	
ADDRESS			
PHONE: HOME	WORK (T)	E-MAIL	

BANK ACCOUNT INFORMATION (ONLY FILL OUT IF YOU WOULD LIKE YOUR REFUND TO BE DEPOSITED INTO YOUR BANK ACCOUNT OR IF YOU WOULD LIKE YOUR BALANCE DUE WITHDRAWN FROM YOUR BANK ACCOUNT)

NAME OF BANK	CHECKING OR SAVINGS?
ROUTING NUMBER	ACCOUNT NUMBER

DEPENDENTS

NAME	SS#	BIRTHDATE	RELATIONSHIP	COST OF CHILD CARE

THINGS TO BRING

<input type="checkbox"/> W-2'S	<input type="checkbox"/> SOCIAL SECURITY STATEMENT (only if collecting ss)	<input type="checkbox"/> LAST 3 YR'S RETURNS IF NEW CLIENT
<input type="checkbox"/> 1099-INT	<input type="checkbox"/> OTHER 1099'S	<input type="checkbox"/> REAL ESTATE TAX BILLS (STATEMENTS OF PROPERTY TAXES PAYABLE IN THIS YEAR & LAST YEAR)
<input type="checkbox"/> 1099-DIV	<input type="checkbox"/> CLOSING PAPERS ON PURCHASING OR REFINANCING HOUSE	

WAGE INCOME

T/S	EMPLOYER	WAGES	FED TAX	ST TAX WH	T/S	EMPLOYER	WAGES	FED TAX	ST TAX WH
		\$	\$	\$			\$	\$	\$
		\$	\$	\$			\$	\$	\$

DIVIDEND INCOME				INTEREST INCOME			
TSJ	PAYER	AMOUNT	QUALIFIED AMOUNT	TSJ	PAYER	AMOUNT	AMOUNT
		\$	\$			\$	\$
		\$	\$			\$	\$

RENTAL INCOME & EXPENSE		AMOUNT	OTHER INCOME	
TOTAL RENT RECEIVED		\$	IF YOU HAVE OTHER INCOME, PLEASE BRING ALL FIGURES AND SUPPORTING DATA.	
EXPENSES:			AMOUNT	
ADVERTISING	\$	1099-MISC	\$	
AUTO MILEAGE	\$	SELF-EMPLOYED	\$	
CLEAN & MAINTENANCE	\$	UNEMPLOYMENT - 1099-G	\$	
COMMISSIONS	\$	ALIMONY RECEIVED	\$	
INSURANCE	\$	ESTATES & TRUSTS	\$	
LEGAL & PROF FEES	\$	GAMBLING	\$	
MANAGEMENT FEES	\$	FED TAX REFUND	\$	
MORTGAGE INTEREST	\$	STATE TAX REFUND	\$	
REPAIRS	\$	PARTNERSHIPS & S CORPS	\$	
SUPPLIES	\$	PENSIONS/ANNUITIES	\$	
TAXES	\$	PRIZES	\$	
UTILITIES	\$	SOCIAL SECURITY	\$	
OTHER	\$	OTHER	\$	

SALE OF STOCK OR OTHER PROPERTY - CAPITAL GAINS AND LOSSES

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST/OTHER BASIS
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

ITEMIZED DEDUCTIONS, ADJUSTMENTS, CREDITS AND OTHER ITEMS

ITEMIZED DEDUCTIONS	AMOUNT	INCOME ADJUSTMENTS/DEDUCTIONS		
MEDICAL EXPENSES (TOTAL MUST BE OVER 7.5% OF INCOME)		PAYMENTS TO IRA (TRAD/ROTH), SEP, SIMPLE OR KEOGH		
INSURANCE (NOT PRE-TAX)	\$ _____	T/S	TYPE (TRAD/ROTH)	DATE
PRESCRIPTIONS	\$ _____			AMOUNT
NURSING HOME	\$ _____			\$ _____
GLASSES	\$ _____	STUDENT LOAN INTEREST		
DOCTORS	\$ _____	DATE LOAN COMMENCED	_____	INTEREST PAID
AUTO MILEAGE	\$ _____	NAME OF LENDER?	_____	\$ _____
LONG TERM CARE PREMIUMS PAID	\$ _____	MOVING EXPENSES (JOB RELATED)		
LONG TERM CARE INS POLICY #	_____	EXPENSES		AMOUNT
TAXES		EMPLOYER REIMBURSEMENT		\$ _____
STATE TAXES PAID ON PRIOR YEAR RETURN	\$ _____	MILES OLD HOME TO NEW WORKPLACE		\$ _____
MN EST TAX DATE	\$ _____	MILES OLD HOME TO OLD WORKPLACE		_____
MN EST TAX DATE	\$ _____	HEALTH SAVINGS ACCOUNT CONTRIBUTIONS		
MN EST TAX DATE	\$ _____	SELF-EMPLOYED HEALTH INSURANCE		\$ _____
REAL ESTATE TAXES	\$ _____	PENALTY ON EARLY WITHDRAWAL		\$ _____
2ND PROPERTY TAXES	\$ _____	ALIMONY PAID SS#		\$ _____
AUTO LICENSE (TABS)	\$ _____	TAX CREDIT ITEMS		
MAJOR SALES TAX PURCHASES	\$ _____	CHILD CARE EXPENSES		
INTEREST		PROVIDER		AMOUNT
HOME MORTGAGE	\$ _____	ADDRESS		\$ _____
SECOND MORTGAGE	\$ _____	PROVIDER'S ID/SS#		_____
CONTRACT FOR DEED	\$ _____	PROVIDER		\$ _____
IF PAID TO AN INDIVIDUAL INCLUDE:		ADDRESS		_____
NAME	SS# _____ - ____ - ____	PROVIDER'S ID/SS#		_____
ADDRESS	_____	PROVIDER		\$ _____
POINTS	\$ _____	ADDRESS		_____
INVESTMENT INTEREST	\$ _____	PROVIDER'S ID/SS#		_____
OTHER	\$ _____	COLLEGE EDUCATION EXPENSES		
CONTRIBUTIONS		WHO?	GRADE	AMOUNT
CHURCHES/SYNAGOGUES	\$ _____	WHO?	GRADE	\$ _____
OTHER CASH CONTRIBUTIONS	\$ _____	WHO?	GRADE	\$ _____
CHARITABLE AUTO MILEAGE	_____	WHO?	GRADE	\$ _____
DONATED PROPERTY FOR WHICH YOU		MN K-12 EDUCATION EXPENSES		
HAVE RECEIPTS (FAIR MARKET VALUE)	\$ _____	WHO?	GRADE	AMOUNT
OTHER	\$ _____	WHO?	GRADE	\$ _____
CASUALTY/THEFT LOSSES (MUST BE OVER 10% OF INCOME)		WHO?	GRADE	\$ _____
COST OF PROPERTY LOST	\$ _____	WHO?	GRADE	\$ _____
FAIR MARKET VALUE OF PROPERTY	\$ _____	WHO?	GRADE	\$ _____
INSURANCE REMBURSEMENT RECEIVED	\$ _____	WHO?	GRADE	\$ _____
JOB EXPENSES		ADOPTION EXPENSES		
TOTAL MILES DRIVEN	_____	FOREIGN TAXES PAID		\$ _____
BUSINESS MILES IN ABOVE	_____	OTHER		
GAS & OIL	\$ _____	FEDERAL ESTIMATED TAXES PAID	4/15	\$ _____
INTEREST	\$ _____	FEDERAL ESTIMATED TAXES PAID	6/15	\$ _____
REPAIRS	\$ _____	FEDERAL ESTIMATED TAXES PAID	9/15	\$ _____
TOLLS & FEES	\$ _____	FEDERAL ESTIMATED TAXES PAID	1/15	\$ _____
MISCELLANEOUS EXPENSES		TOOLS		\$ _____
TAX PREPARATION	\$ _____	SAFE DEPOSIT BOX		\$ _____
UNION	\$ _____	GAMBLING LOSSES		\$ _____
PROFESSIONAL DUES	\$ _____	OTHER		\$ _____
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)				