

Vetscher & Associates, LLC

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FILL OUT IF YOU WOULD LIKE YOUR REFUND TO BE DEPOSITED INTO YOUR BANK ACCOUNT OR IF YOU WOULD LIKE YOUR BALANCE DUE WITHDRAWN FROM YOUR BANK ACCOUNT)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

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	\$		\$
DOCTORS	\$	STUDENT LOAN INTEREST	
AUTO MILEAGE	\$	DATE LOAN COMMENCED	INTEREST PAID
LONG TERM CARE PREMIUMS PAID	\$	NAME OF LENDER?	\$
LONG TERM CARE INS POLICY #	\$	MOVING EXPENSES (JOB RELATED)	
TAXES		EXPENSES	AMOUNT
STATE TAXES PAID ON PRIOR YEAR RETURN	\$	EMPLOYER REIMBURSEMENT	\$
MN EST TAX DATE	\$	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?	AMOUNT
CHURCHES/SYNAGOGUES	\$	GRADE	\$
OTHER CASH CONTRIBUTIONS	\$	WHO?	\$
CHARITABLE AUTO MILEAGE		GRADE	\$
DONATED PROPERTY FOR WHICH YOU		WHO?	\$
HAVE RECEIPTS (FAIR MARKET VALUE)	\$	GRADE	\$
OTHER	\$	WHO?	\$
CASUALTY/THEFT LOSSES (MUST BE OVER 10% OF INCOME)		WHO?	\$
COST OF PROPERTY LOST	\$	GRADE	\$
FAIR MARKET VALUE OF PROPERTY	\$	ADOPTION EXPENSES	
INSURANCE REMBURSEMENT RECEIVED	\$	FOREIGN TAXES PAID	
JOB EXPENSES		OTHER	
TOTAL MILES DRIVEN		FEDERAL ESTIMATED TAXES PAID	4/15 \$
BUSINESS MILES IN ABOVE		FEDERAL ESTIMATED TAXES PAID	6/15 \$
GAS & OIL	\$	FEDERAL ESTIMATED TAXES PAID	9/15 \$
INTEREST	\$	FEDERAL ESTIMATED TAXES PAID	1/15 \$
REPAIRS	\$		
TOLLS & FEES	\$		
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)		