

# INCOME TAX DATA-ITEMIZER

Taxpayer's Name		Soc. Sec. No.	
Spouse's Name		Soc. Sec. No.	
Taxpayer's Occupation	Birthdate	Blind?	
Spouse's Occupation	Birthdate	Blind?	
Address			
Phone			
e-mail address			
Estimated Taxes Pd.	Federal	State	Local
Is your medical insurance through the Healthcare.gov Marketplace? (1095-A)			Y/N
Did you have any dealings with a virtual currency (eg. Bitcoin)?			Y/N
Do you have any foreign bank accounts?			Y/N

## DEPENDENTS

Name	Soc. Sec. No.	Birthdate	Relationship
1)			
2)			
3)			
4)			

  

Income	Support by you	Tuition or Child Care Paid*	Months in your home
1) \$	%	\$	
2) \$	%	\$	
3) \$	%	\$	
4) \$	%	\$	

NOTE: You must provide a Social Security Number for all dependents

Please bring a copy of their Social Security Card and Birth Certificate if we do not already have a copy on file

## THINGS TO BRING

___ W-2s	___ 1099-INTs	___ 1099-R	___ 1098 Mortgage	___ 1099-G
___ K-1s	___ 1099-DIV	___ 1098-T	___ Property Tax Bill	___ Other 1099s

### RENTAL INCOME AND EXPENSES

Each rental needs to be listed separately by address

**TOTAL RENT RECEIVED** \_\_\_\_\_

Expenses      Taxes      \_\_\_\_\_

                  Utilities      \_\_\_\_\_

                  Interest      \_\_\_\_\_

                  Insurance      \_\_\_\_\_

                  Repairs      \_\_\_\_\_

                  Supplies      \_\_\_\_\_

                  Travel      \_\_\_\_\_

Appliances and Equipment:

LIST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### \*TUITION and CHILD CARE

Paid to:

Name or Institution      \_\_\_\_\_

Address      \_\_\_\_\_

\_\_\_\_\_

Tax ID#      \_\_\_\_\_

### OTHER INCOME

If you have other income, please bring all figures and supporting data, may or may not be on 1099, etc. Examples:

Tips      \_\_\_\_\_

Child Care      \_\_\_\_\_

Pensions/Annuities      \_\_\_\_\_

Jury Duty      \_\_\_\_\_

Strike Benefits      \_\_\_\_\_

Unemployment (1099-G)      \_\_\_\_\_

Alimony (date of divorce)      \_\_\_\_\_

Prizes (1099-MISC)      \_\_\_\_\_

Farming      \_\_\_\_\_

Self-Employment      \_\_\_\_\_

Partnerships & S-Corps      \_\_\_\_\_

Estates & Trusts      \_\_\_\_\_

Other Inheritance      \_\_\_\_\_

Scholarships/Fellowships      \_\_\_\_\_

Tax Refunds      \_\_\_\_\_

Royalties      \_\_\_\_\_

Gambling      \_\_\_\_\_

Other      \_\_\_\_\_

\_\_\_\_\_

## DEDUCTIONS AND CREDIT ITEMS

### TAXES PAID

Estimates are also listed on the front of this worksheet

Federal Estimates \_\_\_\_\_

State Estimates: List Date and \$ Amount

Q1 \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_

Q2 \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_

Q3 \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_

Q4 \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_

TOTAL \_\_\_\_\_

Property Tax (on Home) \_\_\_\_\_

City/County Tax \_\_\_\_\_

Sales Tax \_\_\_\_\_

Other \_\_\_\_\_

### MEDICAL EXPENSES

MSA Contributions \_\_\_\_\_

HSA Contributions \_\_\_\_\_

Insurance Premiums \_\_\_\_\_

Medicare Premiums \_\_\_\_\_

Prescriptions \_\_\_\_\_

Eyeglasses \_\_\_\_\_

Doctors \_\_\_\_\_

Dentists \_\_\_\_\_

Hospital \_\_\_\_\_

Ambulance \_\_\_\_\_

Auto Mileage \_\_\_\_\_

Other Travel Expense \_\_\_\_\_

Hearing aids & batteries \_\_\_\_\_

Other Medical Expenses \_\_\_\_\_

Reimbursements \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CONTRIBUTIONS

Please don't just hand us a stack of receipts

IRS requires itemization over \$500

Churches \_\_\_\_\_

Other cash contributions \_\_\_\_\_

Charitable mileage \_\_\_\_\_

Property donated \_\_\_\_\_

\*you need to estimate value

Vehicle donation \_\_\_\_\_

\*we will need to attach this receipt

### MOVING EXPENSE

Only can be taken by Military, and on some states

Total Miles Moved \_\_\_\_\_

Travel & Lodging \_\_\_\_\_

Moving household goods \_\_\_\_\_

### SELF EMPLOYED - AND STATE RETURN

We do not want all your receipts, it is up to you to save these in case the IRS asks you for them, we'd like totals

Dues & Subscriptions \_\_\_\_\_

Education \_\_\_\_\_

Safety Equipment \_\_\_\_\_

Uniforms \_\_\_\_\_

Job seeking expenses \_\_\_\_\_

Legal & Accounting \_\_\_\_\_

Tools \_\_\_\_\_

Business Meals \_\_\_\_\_

Investment & Tax Advice \_\_\_\_\_

Safe-deposit Box \_\_\_\_\_

Tolls & Taxi \_\_\_\_\_

Gambling Losses \_\_\_\_\_

Impairment related \_\_\_\_\_

Self-Emp Health Insurance \_\_\_\_\_

Classroom expenses \_\_\_\_\_

Other \_\_\_\_\_

### AUTO EXPENSES - SELF EMPLOYED

Mileage Jan. 1 \_\_\_\_\_

Mileage Dec. 31 \_\_\_\_\_

TOTAL Mileage \_\_\_\_\_

Business Mileage \_\_\_\_\_

NOTE: The IRS will not take any auto expense without a mileage log. It is up to you to keep track.

Gas & Oil \_\_\_\_\_

Repairs \_\_\_\_\_

New Vehicle Purchase \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

### RETIREMENT CONTRIBUTIONS

Payments to traditional IRA

Taxpayer \_\_\_\_\_ / \_\_\_\_\_

Spouse \_\_\_\_\_ / \_\_\_\_\_

Penalty for Early Withdrawl \_\_\_\_\_

### INTEREST EXPENSE

Home Mortgage \_\_\_\_\_

Home Equity \_\_\_\_\_

\*can only be taken if used for the house

Student Loan Interest \_\_\_\_\_

## Patricia's Tax Service

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