

Personal Income Tax Data-Itemizer

Taxpayer's Name		S.S.#		Blind: Y / N	
Spouse's Name		S.S.#		Blind: Y / N	
Taxpayer's Occupation		Birthdate			
Spouse's Occupation		Birthdate			
Address				E-mail:	
Home Phone:		Work Phone:		Cell:	
*For E-File & Deposit Refunds: Bk Name:		Routing#		Acct# CK / SV	

Dependents

Name	S.S. #	Birthdate	Relationship	Lived Home	Income \$

****** THINGS TO BRING** *****New clients bring last 2 yrs returns** **1099 Tax Reporting investments**
**** W-2's - Include Tips !** *****1099-Int-Div-Misc-All Others rec'd** ****1098's-Mtge Int Others** **** K-1's**
**** 1099-G Unempmnt & Pd Fam Med Lv** ***** Property Tax Bill** ****Real Estate Transactions**
**** Social Security Income** ****Last Pay Stub with Overtime** *****I.D Theft - Provide IRS PIN Letter**

Wages & Withholding information from W-2's Please Provide

H/W	Employer's Name	Wages (Box 1)	Fed Tax Withheld	SS & Medicare	State WH	TDI/SDI

Interest Income

Include Foreign Interest Earned

Dividend Income

Name of Payer	Amount	Name of Payer	Amount

***** Foreign Income/Accounts - If YES - Must Provide! All interest earned must be reported, and the Value of the Account may have to be reported!!! Please Supply** **Both Interest and Account Value**

OTHER INCOME

***** VIRTUAL CURRENCY INCOME MUST BE REPORTED !! ****

Please Bring All Figures and Supporting Data

*** Provide Transactions

Examples

*Business/Self Employed	Rental Income & Expenses		*Business / Self Employed
Unemployment-1099-G	Total Rent Received:	\$	Please Provide All Income and Expenses
Pensions/IRA/Annuities/SS	Expenses:		** Please Request Business Income and Expense Form
K-1 Partner & S Corp	Taxes		
Tax Refunds	Utilities		
Lottery/Prizes/Gambling	Interest		
1099-NEC & Misc	Insurance		
Estate & Trust (K-1, etc)	Auto Mileage		
Rent & Royalties	Repairs		
Tips/Commissions	Supplies		
Jury Duty	Others		
Alimony Received	**Or, Request R I&E Worksheet		

Sale of Stock or Other Property (Include ANY Real Estate)

*** Please Bring Supporting Documents showing date (Mo,Day,Yr) acquired & Cost ***

Description (Include #Shares)	Date Acquired	Date Sold	Sale Price	Cost/Basis

Driver's License #	Taxpayer	State	Spouse	State
State	ISSUE DATE	State	ISSUE DATE	State
	EXPIRATION DATE		EXPIRATION DATE	

ADJUSTMENTS, DEDUCTIONS, CREDITS

Retirement Funding Please Circle: Reg IRA, Roth IRA You \$ _____ Spouse \$ _____ Early Withdrawals? \$ _____ Redeposits within 60 days? \$ _____ Qualified Charitable Contributions _____		AFFORDABLE HEALTHCARE FORMS - BRING!!!! ** You must supply Form 1095-A, B, or C for proof of coverage all year																																							
Alimony Paid _____ Social Security # _____ Moving Expenses: To be eligible- Only for Military and Intelligence		Ex-spouse info: Name _____ Auto Loan- Must Qualify-New Car that _____ US made 2025-2026. First Loan _____ ***New Vehicle Sales Tax _____ Only for Non State Income Tax States: _____ Amount Paid \$ _____ Qualified Education Interest \$ _____																																							
MEDICAL EXPENSES -Limited to 7 1/2% AGI Health Insurance _____ Prescriptions _____ Medicare Costs _____ Doctors, Dentists _____ Hospitals/Ambulance _____ Medical Miles _____ Other Travel costs _____ Glasses/Hearing Aids/etc. _____ Long Term Healthcare Ins _____ Reimbursements _____ Other Medical Costs _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">TAXES</th> <th style="text-align: left;">INTEREST PAID</th> </tr> <tr> <td>Real Estate - Res. _____</td> <td>Home Mortgage To Financial Institute _____</td> </tr> <tr> <td>Real Estate - (Other) _____</td> <td>Home Equity/Second _____</td> </tr> <tr> <td>Fire Tax _____</td> <td>Points Paid to buy or refinance _____</td> </tr> <tr> <td>Pers Ppty/Excise Taxes _____</td> <td>Home Mortgage To Individual _____</td> </tr> <tr> <td></td> <td>(Include Name, Address, and SS#) _____</td> </tr> <tr> <td colspan="2">Mortgage Ins Premiums -PMI _____</td> </tr> <tr> <td colspan="2">(Name of Provider) _____</td> </tr> <tr> <td colspan="2">Qualified Education Interest \$ _____</td> </tr> </table>		TAXES	INTEREST PAID	Real Estate - Res. _____	Home Mortgage To Financial Institute _____	Real Estate - (Other) _____	Home Equity/Second _____	Fire Tax _____	Points Paid to buy or refinance _____	Pers Ppty/Excise Taxes _____	Home Mortgage To Individual _____		(Include Name, Address, and SS#) _____	Mortgage Ins Premiums -PMI _____		(Name of Provider) _____		Qualified Education Interest \$ _____																					
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CONTRIBUTIONS - Especially for FED & MA *** All monies paid MUST have receipts !!! Church/Temple _____ Other _____ CASH - MUST have receipts \$\$ Total _____ Non Cash Items - (MUST have receipts) - Please supply receipt Must have Name, Address, FED#, Date & Desc. Note: High valued items require an authorized appraisal _____ Charitable miles _____ Out of pocket Charitable Expenses _____		MISCELLANEOUS Teacher/ Educator(only)-out of pocket _____ Unreimbursed Work-related expenses - Teachers _____ Coaches, aides, etc that least 900 hrs in school yr _____ Limited to 2% AGI _____ Gambling Losses-Limited to 90% Win ngs _____ Must Supply Proof _____																																							
ESTIMATED TAXES PAYMENT If your income change signigicantly, these can revised during year <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Due Date</th> <th>15-Apr</th> <th>15-Jun</th> <th>15-Sep</th> <th>15-Jan</th> </tr> <tr> <td>Date Paid</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Federal</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>State</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>		Due Date	15-Apr	15-Jun	15-Sep	15-Jan	Date Paid					Federal	\$ _____	\$ _____	\$ _____	\$ _____	State	\$ _____	\$ _____	\$ _____	\$ _____	BUSINESS AUTO EXPENSES*** (must report for E-Filing)*** Only if you have a business Schedule C <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>Veh.1</th> <th>Veh.2</th> </tr> <tr> <td>Total Miles</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Business Miles</td> <td>XX _____</td> <td>XX _____</td> </tr> <tr> <td>Gas/Oil/Repairs</td> <td>\$ XX _____</td> <td>\$ XX _____</td> </tr> <tr> <td>Interest/Lease Payment</td> <td>\$ XX _____</td> <td>\$ XX _____</td> </tr> <tr> <td>Tolls/Parking/Car Rental</td> <td>\$ XX _____</td> <td>\$ XX _____</td> </tr> </table> Other/Please supply log book if available _____			Veh.1	Veh.2	Total Miles	_____	_____	Business Miles	XX _____	XX _____	Gas/Oil/Repairs	\$ XX _____	\$ XX _____	Interest/Lease Payment	\$ XX _____	\$ XX _____	Tolls/Parking/Car Rental	\$ XX _____	\$ XX _____
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CHILD CARE & DEPENDENT CARE EXPENSES Provider Name _____ Tel# _____ Address _____ Identification # _____ \$ _____ If claiming additional children, please furnish information. Childs Name _____ Childs Name _____		HIGHER EDUCATION EXPENSES - FullTime or PartTime (Y/N) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>1st student</th> <th>2nd student</th> <th>3rd student</th> </tr> <tr> <td>Tuition & Required Fees</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Post-Secondary Years 1 thru 4</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Computer, Books, & Supplies</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>			1st student	2nd student	3rd student	Tuition & Required Fees	\$ _____	\$ _____	\$ _____	Post-Secondary Years 1 thru 4	\$ _____	\$ _____	\$ _____	Computer, Books, & Supplies	\$ _____	\$ _____	\$ _____																						
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ENERGY EXPENSES Note: Ended 12/31/25 Includes: (Materials only) Insulation, exterior doors & windows, skylights, certain metal roofs, qualified furnaces or hot water boilers. and main circulating fans. (Materials and Labor): solar electric panels, solar water heaters, and fuel cell property Bring Receipts! _____ Item Description: _____ Date: _____ \$\$: _____																																									
MA Residents **** Health Insurance Forms-Supply Rent: Landlord Name & Address: _____ Dates _____ Rent Pd: \$ _____ Rented _____ ** Circuit Breaker: Must be OVER 65 To Qualify Provide R/E Tax Bill With Assessed Value _____ Water & Sewer Paid: _____ Property Tax Paid: _____ Commuter Costs - Qualified Payments \$ _____		Rhode Island Residents Health Ins forms Property Tax Relief: (Household must have less than \$39,275 income) Real Estate Tax Paid: BRING PROOF Rent Pd: BRING PROOF Landlord Name & Address: _____ Residential Lead Abatement Credit: Please supply all cost for removal and income needed to complete form RI-6238																																							