

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 \$	#Months	Childs Earned

*** **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			
Non Taxable Interest				
Scholarships	Sale of Stock or Other Property (Include ANY Real Estate)			
HSA Forms	*** Please Bring Supporting Documents showing date (Mo,Day,Yr) acquired & Cost ***			
Child Care	Description (Include #Shares)	Date Acquired	Date Sold	Sale Price
Strike Benefits				Cost/Basis
**Foreign Income (Any & All)				
Bartering				
Disability (Any&All)				
Overtime				
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		<p align="center">AFFORDABLE HEALTHCARE FORMS - BRING!!!!</p> <p align="center">** You must supply Form 1095-A, B, or C for proof of coverage all year</p>	
		Alimony Paid Social Security # _____	Ex-spouse info: Name _____
		Moving Expenses: To be eligible- Only for Military and Intelligence	
MEDICAL EXPENSES -Limited to 7 1/2% AGI		TAXES	INTEREST PAID
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 _____		Real Estate - Res. _____ Real Estate - (Other) _____ Fire Tax _____ Pers Ppty/Excise Taxes _____ Auto Loan- Must Qualify-New Car that US made 2025-2026. First Loan _____	Home Mortgage To Financial Institute _____ Home Equity/Second _____ Points Paid to buy or refinance _____ Home Mortgage To Individual _____ (Include Name, Address, and SS#) _____ ***New Vehicle Sales Tax _____ Only for Non State Income Tax States: _____ Amount Paid \$ _____
		MISCELLANEOUS	BUSINESS TRAVEL
CONTRIBUTIONS - Especially for FED & MA *** All monies paid MUST have receipts !!! Church/Temple _____ Other _____ CASH - MUST have receipts \$\$ Total _____		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 _____	No longer <input checked="" type="checkbox"/> _____ MEALS & ENTERTAINMENT No Longer _____
		GAMBLING LOSSES-Limited to 90% Winnings Must Supply Proof	NOTES CASUALTY Must Be FED /State Qualifying _____ Attach Documentation _____ (Example: theft, fire, flood, etc.) _____
ESTIMATED TAXES PAYMENT If your income change significantly, these can revised during year		BUSINESS AUTO EXPENSES*** (must report for E-Filing)*** Only if you have a business Schedule C	
Due Date 15-Apr 15-Jun 15-Sep 15-Jan Date Paid _____ Federal \$ _____ State \$ _____		Total Miles Veh.1 Veh.2 Business Miles <input checked="" type="checkbox"/> _____ <input checked="" type="checkbox"/> _____ Gas/Oil/Repairs \$ <input checked="" type="checkbox"/> _____ \$ <input checked="" type="checkbox"/> _____ Interest/Lease Payment \$ <input checked="" type="checkbox"/> _____ \$ <input checked="" type="checkbox"/> _____ Tolls/Parking/Car Rental \$ <input checked="" type="checkbox"/> _____ \$ <input checked="" type="checkbox"/> _____	Other/Please supply log book if available
CHILD CARE & DEPENDENT CARE EXPENSES Provider Name _____ Tel# _____ Address _____ Identification # \$ _____ If claiming additional children, please furnish information.		HIGHER EDUCATION EXPENSES - FullTime or PartTime (Y/N) Tuition & Required Fees 1st student 2nd student 3rd student Post-Secondary Years 1 thru 4 \$ \$ \$ Computer, Books, & Supplies \$ \$ \$	
Childs Name _____ Childs Name _____			
ENERGY EXPENSES Note: Ended 12/31/25 Includes: (Materials only!)Insulation, exterior doors & windows, skylights, certain metal roofs, qualified Bring Receipts! furnaces or hot water boilers. and main circulation fans. (Materials and Labor): solar electric panels, solar water heaters, and fuel cell property		Item Description: Date: \$\$: MA Residents **** Health Insurance Forms-Supply Rent: Landlord Name & Address: _____ Dates _____ Rent Pd: \$ _____ Rented _____	
		Rhode Island Residents Health Ins forms Property Tax Relief: (Household must have less than \$39,275 income) Real Estate Tax Paid: <input checked="" type="checkbox"/> BRING PROOF Rent Pd: <input checked="" type="checkbox"/> BRING PROOF Landlord Name & Address: _____	
** 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 \$ _____		Residential Lead Abatement Credit: Please supply all cost for removal and income needed to complete form RI-6238	