## **INCOME TAX DATA-ITEMIZER**

Taxpayer's name					Soc. Sec. No.				
Spouse's name					Soc. Sec. No.				
Taxpayer's occupation					Birthda	Blind?			
Spouse's occupation					Birthda	Blind?			
Address									
Phone									
Estimated taxes pd. Federal				Sta	State		Local		
	et mis	4 00	DEP	ENDENT			東京リング		
Name				Soc.	Sec. No.	Birthdate	Relationship		
1)							100		
2)									
3)									
4)			411		2		1		
Income Support by you			I.a.	Support	Months in your home				
- Consider	\$			\$					
to de la constante de la const	\$			\$					
No. Accounts	\$			\$					
	\$	2 Tage		\$					
NOTE: You must provide a Socia	I Securit	ty Nun	nber for all	dependen	ts.				
		450	THING	STO BR	ING	FOR MAN	· 出版的		
W-2s 1099-IN	NTs			1099	-DIV	Othe	er 1099s		
K-1s Tax forms with labels				erty tax bill	year's tax return				
0,1000									
INTEREST INCOME (if not on 1099-INT)				DIVIDE	DIVIDEND INCOME (if not on 1099-DIV)				
H/W/Jt Payer			\$	H/W/Jt	Payer		\$		
	444 20 20					A201			
RENTAL INCOME A	ND EX	(PEN	SE		<b>第一个集</b>	OTHER INC	OME		
Total rent received				If you	If you have other income, please bring all figures and				
Expenses – Taxes					supporting data. Examples:				
Utilities				Tips					
Interest			Chi	Child care					
Insurance			Per	Pensions / annuities					
Auto mileage	2				y duty				
Repairs		-		Stri	ke benefits		817		
Supplies					Unemployment (1099-G)				
Other					nony received				
					es (1099-MI	SC)			
				3 6 6 6 7 9	ming				
					-employmen				
						d S corporations			
					ates & trusts				
			Sale		ial security b				
SALE OF STOCK OR OTHER PRO	PERTY	Cost	Price		olarships & f	ellowships	·		
				105,000	refunds				
					alties				
					taxable inco	me			
					nbling				
				Oth	er				
Please bring supporting docume	nts								

## **DEDUCTIONS AND CREDIT ITEMS**

PAYMENTS TO A TRADITIONAL IRA Husband Date - Ar	mount \$	CONTRIBUTIONS					
	mount \$	Churches					
PAYMENTS TO A ROTH IRA	nount w	Other cash contributions					
	mount \$	Charitable auto mileage					
	nount \$	Property donated for wh					
PENALTY FOR EARLY WITHDRAWAL		receipts (fair market v	ralue)				
ALIMONY PAID		Other					
SELF-EMPLOYED HEALTH INSURAN	CE	CASUALT	Y & THEFT LOSSES	IN STREET			
<b>KEOGH, SEP, &amp; SIMPLE CONTRIBUT</b>	IONS	Cost of property lost					
MEDICAL EXPENSE		Fair market value of pro	perty				
MEDICAL EXPENSE	1.00	Insurance reimburseme					
Medical Savings Account (MSA) contrib							
Health Savings Account (HSA) contribu	MOV	ING EXPENSES					
Insurance & Medicare premiums	Travel & lodging						
Prescriptions	Moving household good						
Eyeglasses Doctors	AUTOMOBILE EXPENSES						
Dentists			OBILE EXPENSES	ACIA (CEASE			
Hospital		Total miles					
Ambulance		Business miles					
Auto mileage		Gas & oil					
Other travel expenses		Interest					
Hearing aids & batteries		Tolls & local transportati					
Other medical expenses		Other					
Reimbursements							
TAXES	2015	MIS	CELLANEOUS				
Real estate tax		Dues & subscriptions					
State estimated tax Date pd		Education					
Date pd		Safety equipment					
Date pd		Uniforms					
Date pd		Job seeking expenses					
Personal property tax		Legal & accounting					
City / county tax	Tools						
Sales tax	Business entertainment						
Other	Investment & tax advice						
INTEREST EXPENS	- CASS COLORS IN EX	Safe-deposit box					
		Hobby losses					
Home mortgage - pd. to financial institu	itions	Gambling losses					
Home mortgage – pd. to individuals		Impairment related work expenses					
(Include name and SS# of individuals)		Classroom expenses for teachers					
		Other					
Investment interest							
Interest pd. on student loans							
CHILD CARE EXPENSES - Bring list of							
Provider's name	Address		ID# of provider(s)	Amount pd.			
EDUCATION CREDITS	<u> </u>	TALIFOR MODERNING	V0204 =	200			
Name of institution	Tuition pd	Who attended	When clas	ses began			