TODAY'S DATE

INCOME TAX DATA ITEMIZER

TAX YEAR **2025**

☐ NEW CLIENT ☐ NEW ADDRESS ☐ LEGALLY BLIND ☐ CLOUD ACCESS

TAX PAYER'S NAME:_____ SS # _____

SPOUSE'S NAME: _____ SS # _____

TAX PAYER'S OCCUPATION: _____ BIRTH DATE: _____

SPOUSE'S OCCUPATION:_____ BIRTH DATE: _____

STREET ADDRESS: _____ CITY:_____ STATE:_____ ZIP CODE:_____

COUNTY _____ SCHOOL DISTRICT: _____

HOME PHONE NUMBER: _____ EMAIL ADDRESS:_____

DEPENDENTS: Relationship: ☐ TRUMP Account

1). _____ _____ SS# _____ BIRTH DATE: _____

2). _____ _____ SS# _____ BIRTH DATE: _____

3). _____ _____ SS# _____ BIRTH DATE: _____

4). _____ _____ SS# _____ BIRTH DATE: _____

☐ W-2: How Many?____ ☐ K-1 How Many? ____ ☐ 1099 R's ____ ☐ Social Security Forms How Many? ____ ☐ Energy Tax Incentives _____

☐ Last Paystub of 2025 _____ ☐ Did you Purchase/Lease an Electric Vehicle? _____

☐ Purchase New Home/Refinance Existing? (Include Closing Papers) _____ ☐ Alimony Paid or Received: _____

☐ Health Savings Account (HSA) _____ Spouse SS#_____ DV/Sep Date_____

☐ Educator Expenses _____ ☐ Virtual Curr Trading ☐ Yes ☐ No ☐ Any Foreign Bank Accounts ☐ Yes ☐ No

	PAYER	$		PAYER	$
INTEREST			DIVIDENDS		
INTEREST			DIVIDENDS		
INTEREST			DIVIDENDS		

Jury Duty _____

Unemployment _____

Fed. Unemploy WTH Tax_____

State Unemploy WTH Tax _____

Other Income _____

Gambling/Bingo/ Lottery Winnings _____

Who Attended Institution Tuition Paid Books/Supplies

_____

_____

_____

2024 Tax Refund (State Only) _____

Student Loan Interest _____

How Do You Want to Receive Your Refund? Pay Balance Due?

☐ **Check** ☐ **Direct Deposit/Debit ROUTING #:** _____ **ACCOUNT #:** _____

	Carry Forward	APRIL 15 2025	JUNE 15 2025	SEPT 15 2025	JAN 15 2026
ROTH: _____					
IRA Traditional: _____	Fed.				
IRA Simple: _____	State				
SEP/Solo 401K: _____					

DESCRIPTION	DATE BOUGHT	DATE SOLD	SALE PRICE	COST PRICE

(DO NOT INCLUDE EXPENSES THAT WERE REIMBURSED OR PRE-TAX)

Self-employed Health Insurance _____
Medical Insurance Coverage _____
Please Bring to Tax Appt. ☐1095A ☐1095B ☐1095C
Long-term Care Insurance _____
Medical Equipment _____
Prescriptions (Include Co-Pay) _____
Eyeglasses/Contacts _____
Doctors (Include Co-Pay) _____
Dentist _____
Hospital and Ambulance _____
Medical Genetic Testing _____
Smoking & Weight Loss Medical Expense _____
Nursing Home _____
Medical Miles ( ) @.21 = _____
Other Medical Expenses _____

Property Taxes School _____
City _____
County _____

NYS Income Taxes Paid With 2024 Return _____
Mortgage Tax _____ _____
NYS Sales Tax- Large _____

1 Mortgage Interest 1098 _____
2 Mortgage Interest 1098 _____
3 Home Equity line Interest 1098 _____
Private Mortgage Paid _____
Name & Address _____
SS# _____
Investment Interest _____
Mortgage Points _____
Boat/RV/Camper Interest _____
Qualified Vehicle Interest _____

Church, Synagogue, Temple, Mosque
_____ _____
_____ _____
Charitable Mileage _____
( ) x .14 = _____
Other Organizations _____
United Way _____
Heart & Lung Assoc. _____
Cancer & MS _____
Boy & Girl Scouts _____
Goodwill or VETS _____
Salvation Army _____
_____ _____
_____ _____

Work Related -Internet Expenses _____
Work Related Cell Phone _____
Union Dues _____
Job Search Expenses _____
Work-related Tools _____
Professional Organization _____
Legal & Accounting _____
Professional Fees _____
Work Related Miles ( ) x .70 = _____
Work Related Parking & Tolls _____
Professional Journals & Books _____
Work Related Supplies _____
Work Related Education _____
Home Office-Work Related _____
Uniform Expenses _____
Upkeep of Uniforms _____
Safe Deposit Boxes _____
Moving Expenses _____
Investment Fees/IRA Custodial Fee _____
Gambling Losses _____
Amount of Employer Reimbursement (_____)

CHILD'S NAME	NAME OF CARE GIVER	ADDRESS OF CARE GIVER	SS# Or PROVIDER ID	AMOUNT PAID TO CARE GIVER

Do You Contribute to a Employer Provided Child Care Plan ☐Yes ☐No

- ☐ College Savings Plan (Contribution/Distribution) _____
- ☐ Total Online & Out of State Purchase _____
- ☐ Overtime worked? _____
- ☐ Health Care worker bonus received? _____
- ☐ Last year's Tax Return (New Clients Please Provide) _____
- ☐ Are you a Volunteer Firefighter or Ambulance Worker? _____
- ☐ Child Support Paid: _____
- ☐ Copy of State Driver's License _____
- ☐ Tips Earned while working _____