

PRE-2018 INCOME TAX DATA-ITEMIZER

(Rev. 1/12/23)

TAX PREP FINANCIAL SERVICES **BE SURE TO REMIT OUR HEALTH CARE COVERAGE QUESTIONNAIRE** Tax Year _____

"Pay YOURSELF, not the IRS"; www.JeffTheTaxMan.com

*Amount of 2008 1st-time homebuyer's credit received \$ _____

3417 Madison Avenue; Hurst, Texas 76054-6041

Your e-mail address _____

Email address: tax-prep@sbcglobal.net

For direct deposit of refund or direct debit of tax owed, give 9 digit routing # _____

Metro (817) 498-6833; Fax # (817) 381-0761

account # _____; Circle the type of account: checking/savings

(THE MORE COMPLETE THE INFORMATION, THE LESS TIME SPENT ON YOUR RETURN AND THE LOWER YOUR BILL)

His Full Name as Shown on S.S. Card _____ Date of Birth _____ S.S.# _____

Her Full Name as Shown on S.S. Card _____ Date of Birth _____ S.S.# _____

Address _____ City, St., Zip _____ (A/C) Home Ph. # _____

His Occupation _____ Employer _____ (A/C) Bus. Ph. # _____

Her Occupation _____ Employer _____ (A/C) Bus. Ph. # _____

Filing Status: Single []; Married Filing Jointly []; Head of Household []; Married Filing Separately []; 1st Year Widow(er) with child(ren) []

Make sure dependent has not claimed himself/herself... DEPENDENTS ...or it could significantly cost you money!

Dependent's Full Name as shown on Social Security Card	Date of Birth	Mos. of Yr. in Home	Relationship to You	Earned Income (provide W-2s)	Invest. Income (provide 1099s)	S. S. # on S.S. card (required)

** **This section for Forms W-2 only.** (Report 1099-MISC contract labor on a Sole Proprietorship worksheet as a separate business.)

P.P.=Pension Plan/401k ("Yes"/"No"); W/h=Withheld **WAGES (Give ALL W-2 copies)** FIT/SIT=Federal/State Income Tax; if SIT, give state

His/Hers?	Company/Employer	P.P.?	Wages (Box 1)	FIT W/h	SIT W/h	State?	S.S. W/h	M'care W/h

DIVIDEND INCOME (Forms 1099-DIV) C.G.=Capital Gain; N-T=Non-Taxable **INTEREST INCOME (Cr. Un. Div.) (1099-INT)**

Div. Payer (mut. fund/co.)	Ordinary	Qualified	C.G. Dist.	N-T Dist.	Foreign tax	Tax W/h	Int. Payer (bank/cr. un./bonds)	Int. Rec'd	Tax W/h

RENTAL INCOME Property A Property B **OTHER INCOME** Dist. Code Gross Amount Taxable Amount Tax W/h

Property Street Address			His: Pension Income (1099-R)				
City, State, and Zip Code			401k/Co. Sav. W/draw (1099-R)				
Date of Purchase			IRA/Keogh/SEP W/d (1099-R)				
Purch. Price Less Land Value			Her: Pension Income (1099-R)				
Rents Received Last Year			401k/Co. Sav. W/draw (1099-R)				
Expenses:			IRA/Keogh/SEP W/d (1099-R)				
Advertising			HSA/MSA W/drawal (1099-SA)				All used for med. exp.?
Auto Mileage			S.S. Benefits (SSA-1099) His:				Hers:
Cleaning			Unemployment (1099-G) His:				Hers:
Insurance			Royalty Income (1099-MISC) His:				Hers:
Management Fees			Prize/Award Income (1099-MISC) His:				Hers:
Mortgage Interest			Gambling Winnings (W-2G) \$; Cancelled Debt (1099-C) \$
Repairs/Maint./Lawn			State Inc. Tax Refund (1099-G) \$				Deducted state taxes last yr.?
Property Taxes			Alimony <u>received from/paid to</u> (circle) S.S.#				; \$
Utilities			Partnership/S Corp./Estate/Trust Fund (circle type & provide <u>Schedule K-1</u>)				
Improvements:(date & cost)			Sale of Home: (give <u>settlement statements</u> for purchase and sale of home)				

Tuition, Books, & Fees (only) Toward a Degree: Student's Name _____ What yr. in college? (1st, 2nd, ...,grad.) _____ Tuition \$ _____

Scholarships/Grants \$ _____; Student's Name _____ What yr. in college? _____ Tuition \$ _____ S'ships/Grants \$ _____

Est. Tax Pymts.: Applied From Last Yr.'s Ref. \$ _____ April \$ _____ June \$ _____ Sept. \$ _____ Jan. \$ _____ Form 4868 \$ _____

IRA, KEOGH [not 401(k)], SEP, AND SIMPLE CONTRIBUTIONS FOR THIS TAX YEAR (the semi-colon ";" separates His vs. Hers)

Traditional IRA \$ _____; Roth IRA \$ _____; Keogh \$ _____; SEP \$ _____; SIMPLE \$ _____;

PRE-2018 DEDUCTIONS

(Rev. 1/12/23)

TAX PREP FINANCIAL SERVICES (Give details of adoptions and energy credit qualifying home improvements.) Tax Year _____

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Email address: tax-prep@sbcglobal.net **PROVIDE COPIES OF ALL MED. INS. CARD(S)** Paper copy of return mailed to you _____

Metro (817) 498-6833; Fax # (817) 381-0761 Digital copy (savable and forwardable) of return emailed to you _____

(MAKE SURE YOU TELL US THE AMOUNT OF ANY 1st-TIME HOMEBUYER'S CREDIT FOR 2008 YOU RECEIVED.)

His Full Name as Shown on S.S. Card _____ Date of Birth _____ S.S.# _____

Her Full Name as Shown on S.S. Card _____ Date of Birth _____ S.S.# _____

MEDICAL EXPENSES (net after insurance reimb.; non-HSA \$s)

Mileage to & from Dr.'s office, hospital, & pharmacy: _____ miles

Prescrip. Drugs and Medicine (not over the count.) \$ _____

After Tax Med./Dent. Ins. Prem. (non flex spend) \$ _____

Medicare B & D Prem. (Form SSA-1099; not W-2) \$ _____

Annual Long Term Care Ins. Prem.: His \$ _____; Hers \$ _____

Dr. & DDS Visits (cash/cr. card charged by 12/31) \$ _____

Hospitals and/or Minor Emergency Clinic \$ _____

Med. Lodging (hotel, psych. hosp.; max \$50/night) \$ _____

Special Education Tuition and Testing Fees \$ _____

Lab, X-Ray, and Other Medical Testing Fees \$ _____

Nurses, Hospice, & Home Health Care Expenses \$ _____

Glasses and/or Contact Lenses \$ _____

Hearing Aids and Batteries \$ _____

Medical Transport Exp. (ambulance, Care Flight) \$ _____

Other Medical Travel Exp. (taxi, plane, parking) \$ _____

Prescribed Med. Equipment (wheel chair, pool) \$ _____

Other Med. Expense: Description _____ \$ _____

TAXES (What is your current local sales tax rate? _____%)

Real Estate Taxes: (actually paid, not just billed, by 12/31)

Residence (Form 1098, closing statement) \$ _____

2nd Home (1098) or Land Taxes (tax stmts.) \$ _____

Personal Property (**NOT** Sales) Taxes (leased car) \$ _____

Sales Taxes Pd.: On Vehicle(s) \$ _____; On All Items \$ _____

INTEREST (if 2 residences, separate them by a semi-colon ";")

Mtge. Int. - paid to a fin. institution (Form 1098) \$ _____

Mtge. Int. - pd. to a person (S.S.#, name, address) \$ _____

Mortgage Int. - 2nd Home/Land/Resort Property \$ _____

Deductible Points Paid on a new mortgage to buy \$ _____

Pts. Previously Pd. on Refin.: Date _____ Term _____ yrs. \$ _____

Mtge. (not Homeowners) Ins. (incl. in house pmt.) \$ _____

Investment Int. Exp. (ex., margin or inv. loan int.) \$ _____

Student Loan Interest (Form 1098-E) \$ _____

MOVING EXPENSES (must be job related and > 50 miles)

Miles from OLD Home to NEW Workplace _____

Miles from OLD Home to OLD Workplace _____

Transportation, Lodging & Moving Van Costs \$ _____

Miles Driven _____; Employer Reimb. (W-2) \$ _____

CASUALTY/THEFT LOSS - On a separate sheet, give us the following details: date & description of casualty/theft loss; original cost + improvements/upgrades of item(s) damaged/stolen; amt of any ins. reimb.; fair market value a) before & b) after the casualty/theft.

(Be aware, the loss must exceed 10% of AGI to deduct.) \$ _____

CHILD CARE (AND DAY CAMP) EXPENSES FOR _____ (# of) CHILDREN (Kindergarten tuition & Summer camp do not qualify)

Paid to _____ Address _____ S.S./Tax I.D.# _____ Amount \$ _____

Paid to _____ Address _____ S.S./Tax I.D.# _____ Amount \$ _____

Paid to _____ Address _____ S.S./Tax I.D.# _____ Amount \$ _____

Did you pay any 1 household employee > \$1,900 last year? _____ How much? \$ _____ Did you withhold taxes? _____ How much? \$ _____

** (Form 1099-B & brokerage statements) **INVESTMENT SALES** For mutual funds or ESPP, we need the "Cost Basis." **

NAME OF INVESTMENT **DATE BOUGHT** **# OF SHARES** **\$ (incl. comm.)** **DATE SOLD** **# OF SHARES** **\$ (incl. comm.)**

In which form do you wish to receive a copy of your return?

CHARITABLE CONTRIB. - **I attest to these #s (initial)**

Mileage (choir, teach Sun. sch., usher, Meals on Wheels) _____

Cash (Check) Gifts: Churches (10% tithe + offerings) \$ _____

Other Ministries (Life Today, Billy Graham, etc.) \$ _____

United Way (if payroll deducted, see last paystub) \$ _____

Other Charities (Heart Fund, Cancer, Red Cross) \$ _____

Gifts to Non-Profit Schools or Hospitals (alumni) \$ _____

Non-Cash (clothes, etc.) **Gifts:** (give receipts if > \$500) \$ _____

**** DO NOT use next section for self-employed bus. expenses ****

EMPLOYEE JOB EXPENSES (separate His vs. Hers by a ";")

Office in Home: (Circle His/Hers) For employer's convenience?

Sq. ft. or # of **entire** rooms used exclusively for your job _____

Sq. ft./# of rooms in house (incl. bathrooms, excl. garage) _____

Date Bought Home _____ Cost (+ closing) \$ _____

Hazard Insur. \$ _____ Security & Housekeeper \$ _____

Repairs, Lawn Maint., Pest Control, & Assoc. Dues \$ _____

Utilities (gas, water, & electric) \$ _____; Rent \$ _____

Car Expenses: (Circle His/Hers) (if 2 cars used, separate by a ";")

Car Yr. & Model _____ Cost (+ tax) \$ _____

Date Bought _____ Daily Round Trip Commute _____

Miles: Commuting _____; Bus. _____; All Purposes _____

Gas, Repairs, Parts, Maintenance, Insur., Inspection \$ _____

Tags, Car Washes, AAA \$ _____ Lease Pmnts. \$ _____

Parking/Tolls (not getting to job) \$ _____ Incl. Amt. \$ _____

Transportation (airplane, train, or bus) \$ _____

Local Transportation (rental car, taxi, shuttle) \$ _____

Lodging (hotels, motels, out of town apt., etc.) \$ _____

Meals & Entertainment \$ _____; # of nights away from home _____

Tips (airport, taxi, bellman) \$ _____

Seminars or Job Training and Licensing \$ _____

Professional Memberships/Publications \$ _____

Cell Phone (job use portion only) \$ _____

Uniforms/Tools (circle which one) \$ _____

Classroom Teacher Supplies (must work 900 hrs.) \$ _____

Job Search: Miles _____; Expenses (resumes, postage) \$ _____

Other Exp. (ex., union dues): Description _____ \$ _____

Employer Reimbursement: Reported on W-2? _____ \$ _____

MISCELLANEOUS DEDUCTIONS

Tax Return Preparation Fee \$ _____

Safe Deposit Box Fee \$ _____

Investment Expenses (IRA fees, inv. publications) \$ _____

Gambling Losses (up to amt. of winnings; keep a log) \$ _____