

**POST-2017 INCOME TAX DATA-ITEMIZER**

(Rev. 1/12/23)

**TAX PREP FINANCIAL SERVICES**

**ANSWER HIGHLIGHTED QUESTIONS ON OTHER SIDE**

Tax Year \_\_\_\_\_

"Pay YOURSELF, not the IRS"; [www.JeffTheTaxMan.com](http://www.JeffTheTaxMan.com)

\*Amount of 2008 1<sup>st</sup>-time homebuyer's credit received \$ \_\_\_\_\_

3417 Madison Avenue; Hurst, Texas 76054-6041

Your e-mail address \_\_\_\_\_

Email address: [mktaxguy@gmail.com](mailto:mktaxguy@gmail.com)

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

Phone (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 [  ]; 1<sup>st</sup> Year Widow(er) with child(ren) [  ]

**Make sure dependents have not filed and claimed themselves... 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 or 1099-NEC contract labor on a *Sole Proprietorship* worksheet as a separate bus.)

P.P.=Pension Plan/401k ("Yes"/"No"); W/h=Withheld **WAGES (Form W-2)** 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	Property A	Property B	OTHER INCOME	Dist. Code	Gross Amount	Taxable Amount	Tax W/h
City, State, and Zip Code			<b>His:</b> Pension Income (1099-R)				
Date of Purchase			401k/Co. Sav. W/draw (1099-R)				
Purch. Price Less Land Value			IRA/Keogh/SEP W/d (1099-R)				
Rents Received Last Year			<b>Her:</b> Pension Income (1099-R)				
<b>Expenses:</b>			401k/Co. Sav. W/draw (1099-R)				
Advertising			IRA/Keogh/SEP W/d (1099-R)				
Auto Mileage			HSA/MSA W/drawal (1099-SA)			All used for med. exp.?	
Cleaning			S.S. Benefits (SSA-1099) <b>His:</b>			<b>Hers:</b>	
Insurance			Unemployment (1099-G) <b>His:</b>			<b>Hers:</b>	
Management Fees			Royalty Income (1099-MISC) <b>His:</b>			<b>Hers:</b>	
Mortgage Interest			Prize/Award Income (1099-MISC) <b>His:</b>			<b>Hers:</b>	
Repairs/Maint./Lawn			Gambling Winnings (W-2G) \$ _____ ; Cancelled Debt (1099-C) \$ _____				
Property Taxes			State Inc. Tax Refund (1099-G) \$ _____ Deducted state taxes last yr.?				
Utilities			Alimony Pd./Rec'd. (circle which) S.S. # _____ ; Amt.\$ _____				
Improvements:(date & cost)			Partnership/S Corp./Estate/Trust Fund (circle type & provide <b>Schedule K-1</b> )				
			<b>Sale of Home:</b> (give settlement statements for purchase and sale of home)				

**Tuition, Books, & Fees (only) Toward a Degree:** Student's Name \_\_\_\_\_ What yr. in college? (1st, 2<sup>nd</sup>, ..., 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 \$ \_\_\_\_\_;

POST-2017 DEDUCTIONS

(Rev. 1/1/2023)

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

"Pay YOURSELF, not the IRS"; www.JeffTheTaxMan.com For the tax year being prepared, did you receive stimulus money? \_\_\_\_\_

3417 Madison Avenue; Hurst, Texas 76054-6041 If so, be sure to provide IRS Notice 1444 and/or IRS Letter 6475 \_\_\_\_\_

Email address: mktaxguy@gmail.com Amount received by taxpayer \$ \_\_\_\_\_; Amount received by spouse \$ \_\_\_\_\_

Phone (817) 498-6833; Fax (817) 381-0761 Amount received by all dependents living in your household \$ \_\_\_\_\_

FOR STATE RETURNS, ANSWER AND SUBMIT HEALTHCARE COVERAGE QUESTIONNAIRE

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.# \_\_\_\_\_

FOR STATE RETURNS, PROVIDE COPIES OF ALL MED. INS. CARD(S) AND FORMS 1095

MOVING EXPENSES (MILITARY ORDERED ONLY)

Miles from OLD Home to NEW Workplace \_\_\_\_\_

Miles from OLD Home to OLD Workplace \_\_\_\_\_

Transportation, Lodging & Moving Van Costs \$ \_\_\_\_\_

Miles Driven \_\_\_\_\_; Military Reimb. (W-2) \$ \_\_\_\_\_

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 (non flex spend) Med./Dent. Ins. Prem. \$ \_\_\_\_\_

Self-employed health insurance premiums paid \$ \_\_\_\_\_

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) \$ \_\_\_\_\_

Chiropractic Care and Acupuncture \$ \_\_\_\_\_

Fertility Enhancement or Sterilization/Vasectomy \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

Cost of Guide Dog and Related Veterinary Fees \$ \_\_\_\_\_

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

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

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

Bandages, Crutches, and Other Medical Supplies \$ \_\_\_\_\_

Artificial limbs and teeth \$ \_\_\_\_\_

Other Med. Expense: Description \_\_\_\_\_; \$ \_\_\_\_\_

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

Real Estate Taxes: (actually paid, not just billed, in the tax year)

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 indiv.: Name \_\_\_\_\_ \$ \_\_\_\_\_

Address \_\_\_\_\_; S.S.# \_\_\_\_\_

Home equity int. (to buy, build, or improve home) \$ \_\_\_\_\_

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) \$ \_\_\_\_\_

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) \$ \_\_\_\_\_

CASUALTY/THEFT LOSS - As of 2018, personal casualty & theft losses are only deductible if occurring in a federally declared disaster area. Also, the loss must exceed 10% of AGI to deduct.

Business casualty & theft losses are still deductible. On a separate sheet, provide: date & description of casualty/theft loss; amt of any ins. reimb.; fair market value a) before & b) after the casualty/theft; & original cost + improvements/upgrades of items damaged/stolen.

MISCELLANEOUS DEDUCTIONS

\*\* TRUCK DRIVER PER DIEM, EMPLOYEE JOB EXPENSES, & ALMOST ALL OTHER MISC. ITEMIZED DEDUCTIONS SUBJECT TO 2% OF AGI ARE NOT DEDUCTIBLE. ONLY THE FOLLOWING STILL ARE: \*\*

Bus. Meals For Job of a Non-Entertainment Nature \$ \_\_\_\_\_

Gambling Losses, incl. Travel (up to amt. of winnings) \$ \_\_\_\_\_

Classroom Teach Exp. (\$250 max. & work > 900 hrs.) \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

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

Did you pay any 1 household employee > \$2,400 last year? \_\_\_\_\_ How much? \$ \_\_\_\_\_ Did you withhold taxes? \_\_\_\_\_ How much? \$ \_\_\_\_\_

\*\*\* At any time during the year did you receive, sell, exchange, or otherwise dispose of any financial interest in virtual currency? \_\_\_\_\_

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

NAME OF INVESTMENT DATE BOUGHT # OF SHARES \$ Pd. (incl. comm.) DATE SOLD # OF SHARES \$ Rec'd (incl. comm.)

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