



762-3983  
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# INCOME TAX DATA-ITEMIZER

Taxpayer's Name		Soc. Sec. No.	
Spouse's Name		Soc. Sec. No.	
Taxpayer's Occupation	Birthdate	Blind?	
Spouse's Occupation	Birthdate	Blind?	
Address			
Home Phone:		Work Phone	

## DEPENDENTS

Name	SS#	Birthdate	Relationship
1)			
2)			
3)			
4)			
Income	Support by you	Support by others	Months in your home
1)			
2)			
3)			
4)			

**NOTE:** You must provide a Social Security number for dependents who were born prior to December 31

**THINGS TO BRING:**

- |                              |                 |                       |                            |
|------------------------------|-----------------|-----------------------|----------------------------|
| ___ <b>W-2s</b> (all copies) | ___ Other 1099s | ___ K-1s              | ___ Tax forms with labels  |
| ___ 1099-INT                 | ___ 1099-DIV    | ___ Property Tax Bill | ___ Last year's tax return |

**Please indicate (H) for Husband (W) for Wife (J) Jointly Owned**

Dividend Income			Interest Income		
H/W/J	Payer	\$	H/W/J	Payer	\$

### RENTAL INCOME AND EXPENSE

Total Rent Received \_\_\_\_\_

Expenses -

Taxes	_____
Utilities	_____
Interest	_____
Insurance	_____
Auto Mileage	_____
Repairs	_____
Supplies	_____
Other	_____
_____	_____
_____	_____
_____	_____
_____	_____

### OTHER INCOME

*If you have other income please bring all figures & supporting data*

Examples:

Tips	_____
Child Care	_____
Pensions/Annuities	_____
Jury Duty	_____
Strike Benefits	_____
Unemployment - 10099G	_____
Alimony Received	_____
Prizes - 1099-Misc	_____
Farming	_____
Self-employed	_____
Partnerships & S Corporations	_____
Estates & Trusts	_____
Social Security	_____
Scholarships & Fellowships	_____
Tax Refunds	_____
Royalties	_____
Non Taxable Interest	_____
Other	_____

### Sale of Stock or Other Property

Description	Sales Price	Date Sold	Purchase Date	Cost

*Please bring supporting documents showing date acquired and cost.*

## DEDUCTIONS AND CREDIT ITEMS

### PAYMENTS TO AN IRA OR KEOGH PLAN

Husband Amount \$ \_\_\_\_\_ Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Wife Amount \$ \_\_\_\_\_ Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

PENALTY/EARLY WITHDRAWAL \_\_\_\_\_  
 ALIMONY PAID \_\_\_\_\_  
 SELF-EMPLOYED HEALTH INSURANCE \_\_\_\_\_  
 KEOGH AND SEP CONTRIBUTIONS \_\_\_\_\_

### MEDICAL EXPENSES

Insurance & Medicare \_\_\_\_\_  
 Prescriptions \_\_\_\_\_  
 Eyeglasses \_\_\_\_\_  
 Doctors \_\_\_\_\_  
 Dentists \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Ambulance \_\_\_\_\_  
 Auto Mileage \_\_\_\_\_  
 Other Travel Expenses \_\_\_\_\_  
 Hearing Aids & Batteries \_\_\_\_\_  
 Other Medical Expenses \_\_\_\_\_  
 Reimbursement \_\_\_\_\_

### TAXES

Real Estate Taxes \_\_\_\_\_  
 State Tax Estimates Date Pd. \_\_\_\_\_  
 Date Pd. \_\_\_\_\_  
 Date Pd. \_\_\_\_\_  
 Date Pd. \_\_\_\_\_  
 Car License \_\_\_\_\_  
 Personal/Property Tax \_\_\_\_\_  
 City/Country Tax \_\_\_\_\_  
 Other \_\_\_\_\_  
 Federal Tax Estimates Date Pd. \_\_\_\_\_  
 Date Pd. \_\_\_\_\_  
 Date Pd. \_\_\_\_\_  
 Date Pd. \_\_\_\_\_

### INTEREST EXPENSE

Home Mortgage-Pd. to Financial Institution \_\_\_\_\_  
 Home Mortgage-Pd. to Individual  
 (Include Name & SS#) \_\_\_\_\_  
 Investment Interest \_\_\_\_\_  
 Interest Pd on Student Loans \_\_\_\_\_

### CHILD CARE EXPENSES - Bring List of Monthly Totals

Name	Address	ID# of Provider(s)	Amount Paid

### EDUCATION CREDITS

Name of Institution	Tuition pd	Who attended	When classes began

**LOANS:** If you borrowed money during the year, bring a list showing the amounts, dates, and use of proceeds.

### CONTRIBUTIONS

Churches \_\_\_\_\_  
 Other Cash Contributions \_\_\_\_\_  
 Charitable Auto Mileage \_\_\_\_\_  
 Property donated for which you have  
 receipts (fair market value) \_\_\_\_\_  
 Other \_\_\_\_\_

### CASUALTY & THEFT LOSSES

Cost of Property Lost \_\_\_\_\_  
 Fair Market Value of Property \_\_\_\_\_  
 Insurance Reimbursement Received \_\_\_\_\_

### MOVING EXPENSES

*To deduct moving expenses, the distance from the old residence to the new place of work must be at least 50 miles more than to the old place of work.*

Cost of Moving Household Goods \_\_\_\_\_  
 Travel & Lodging During Move \_\_\_\_\_  
 Reimbursement \_\_\_\_\_

### AUTOMOBILE EXPENSE

Total Miles \_\_\_\_\_  
 Business Miles \_\_\_\_\_  
 Gas & Oil \_\_\_\_\_  
 Interest \_\_\_\_\_  
 Tolls & Local Transportation \_\_\_\_\_  
 Other \_\_\_\_\_

### MISCELLANEOUS

LIMITED: Dues & Subscriptions \_\_\_\_\_  
 Education \_\_\_\_\_  
 Safety Equipment \_\_\_\_\_  
 Uniforms \_\_\_\_\_  
 Job Seeking Expense \_\_\_\_\_  
 Legal - Accounting Fees \_\_\_\_\_  
 Tools \_\_\_\_\_  
 Business Entertainment \_\_\_\_\_  
 Investment & Tax Advice \_\_\_\_\_  
 Safe Deposit Box \_\_\_\_\_  
 Hobby Losses \_\_\_\_\_  
 Other \_\_\_\_\_  
 Gambling Losses \_\_\_\_\_  
 Impairment Related Work Expense \_\_\_\_\_  
 Other \_\_\_\_\_