

# Vetscher & Associates, LLC

## Certified Public Accountants

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### INCOME TAX DATA-ITEMIZER

<b>(T) TAXPAYER'S NAME</b>			SS#	BIRTHDATE
<b>(S) SPOUSE'S NAME</b>			SS#	BIRTHDATE
(T) OCCUPATION		BLIND? Yes [ ] No [ ]		
(S) OCCUPATION		BLIND? Yes [ ] No [ ]		
ADDRESS				
PHONE: HOME		WORK (T)	E-MAIL	
<b>BANK ACCOUNT INFORMATION</b>				
<small>(FILL OUT IF YOU WOULD LIKE YOUR REFUND DIRECT DEPOSITED OR IF YOU WOULD LIKE YOUR BALANCE DUE ELECTRONICALLY WITHDRAWN FROM YOUR ACCOUNT)</small>				
NAME OF BANK			CHECKING ACCOUNT [ ] SAVINGS ACCOUNT [ ] (check one)	
ROUTING NUMBER			ACCOUNT NUMBER	
<b>DEPENDENTS</b>				
NAME	SS#	BIRTHDATE	RELATIONSHIP	COST OF CHILD CARE
<b>THINGS TO BRING</b>				
	FORM SSA-1099 (only if collecting Social Security)		REAL ESTATE TAX BILLS	
W-2'S	OTHER 1099'S (A, B, C, K, G, LTC, MISC, PATR, Q, R, S, SA)		CLOSING PAPERS ON PURCHASING OR	
1099-INT	FORM 1095 (A, B, or C)		REFINANCING HOUSE (Form HUD-1)	
1099-DIV	FORM 1098 (Mortgage Interest, E, T)		LAST 3 YR'S RETURNS IF NEW CLIENT	
ENITIRE FAMILY COVERED FOR FULL YEAR WITH MIN ESSENTIAL HEALTH COVERAGE? YES [ ] NO [ ] NOT SURE [ ]				
<b>WAGE INCOME (Form W-2)</b>				
T/S	EMPLOYER	WAGES	FED TAX	ST TAX WH
		\$	\$	\$
		\$	\$	\$
<b>DIVIDEND INCOME (Form 1099-DIV)</b>			<b>INTEREST INCOME (Form 1099-INT)</b>	
T/SJ	PAYER	AMOUNT	QUALIFIED AMOUNT	T/SJ
		\$	\$	
		\$	\$	
<b>SALE OF STOCK OR OTHER PROPERTY - CAPITAL GAINS AND LOSSES (Form 1099-B or Form 1099-S)</b>				
DESCRIPTION		DATE ACQUIRED	DATE SOLD	SALES PRICE
				\$
				\$
				\$
<b>RENTAL INCOME &amp; EXPENSE</b>		<b>AMOUNT</b>	<b>OTHER INCOME</b>	
TOTAL RENT RECEIVED		\$	<b>IF YOU HAVE OTHER INCOME, PLEASE BRING ALL FIGURES AND SUPPORTING DATA.</b>	
EXPENSES:			<b>AMOUNT</b>	
ADVERTISING	\$		UNEMPLOYMENT (Form 1099-G)	\$
AUTO MILEAGE	\$		IRA DISTRIBUTIONS (Form 1099-R)	\$
CLEAN & MAINTENANCE	\$		PENSIONS/ANNUITIES (Form 1099-R)	\$
COMMISSIONS	\$		SOCIAL SECURITY (Form SSA-1099)	\$
INSURANCE	\$		RAILROAD RETIREMENT (Form RRB-1099)	\$
LEGAL & PROF FEES	\$		GAMBLING (Form W-2G)	\$
MANAGEMENT FEES	\$		ALIMONY RECEIVED	\$
MORTGAGE INTEREST	\$		PARTNERSHIPS & S CORPS (Form K-1)	\$
REPAIRS	\$		ESTATES & TRUSTS (Form K-1)	\$
SUPPLIES	\$		FORM 1099-MISC	\$
TAXES	\$		SELF-EMPLOYED (See Small Biz Worksheet)	\$
UTILITIES	\$		STATE TAX REFUND (Form 1099-G)	\$
ASSOCIATION DUES	\$		OTHER	\$
OTHER	\$		OTHER	\$

**ITEMIZED DEDUCTIONS, ADJUSTMENTS, CREDITS AND OTHER ITEMS**

<b>ITEMIZED DEDUCTIONS</b>	<b>AMOUNT</b>	<b>INCOME ADJUSTMENTS/DEDUCTIONS</b>	
<b>MEDICAL EXPENSES</b> (TOTAL MUST BE OVER 10% OF INCOME)		<b>PAYMENTS TO IRA (TRAD/ROTH), SEP, SIMPLE OR KEOGH</b>	
INSURANCE (NOT PRE-TAX)	\$	T/S TYPE (TRAD/ROTH)	DATE
PRESCRIPTIONS	\$		AMOUNT
NURSING HOME	\$		\$
GLASSES	\$	<b>STUDENT LOAN INTEREST (Form 1098-E)</b>	
DOCTORS	\$	LENDER	INTEREST PAID
AUTO MILEAGE	\$		\$
LONG TERM CARE PREMIUMS PAID	\$	<b>MOVING EXPENSES (JOB RELATED)</b>	
LONG TERM CARE INS POLICY #		EXPENSES	AMOUNT
<b>TAXES</b>		EMPLOYER REIMBURSEMENT	\$
STATE TAXES PAID ON PRIOR YEAR RETURN	\$	MILES OLD HOME TO NEW WORKPLACE	
MN EST TAX DATE	\$	MILES OLD HOME TO OLD WORKPLACE	
MN EST TAX DATE	\$	<b>HSA CONTRIBUTIONS (Form 5498-SA)</b>	\$
MN EST TAX DATE	\$	<b>HSA DISTRIBUTIONS (Form 1099-SA)</b>	\$
MN EST TAX DATE	\$	<b>FLEX SPENDING ACCOUNT (FSA)</b>	\$
REAL ESTATE TAXES	\$	<b>SELF-EMPLOYED HEALTH INSURANCE</b>	\$
2ND HOME PROPERTY TAXES	\$	<b>ALIMONY PAID SS#</b>	\$
AUTO LICENSE (TABS)	\$	<b>TAX CREDIT ITEMS</b>	
MAJOR SALES TAX PURCHASES	\$	<b>RESIDENTIAL ENERGY CREDIT</b>	
<b>INTEREST EXPENSE</b>			AMOUNT
HOME MORTGAGE (Form 1098)	\$	INSULATION	\$
SECOND MORTGAGE (Form 1098)	\$	EXTERIOR DOORS	\$
MORTGAGE INSURANCE PREMIUMS	\$	METAL OR ASPHALT ROOF W/ COOLING GRANULES	\$
CONTRACT FOR DEED	\$	EXTERIOR WINDOWS	\$
IF PAID TO AN INDIVIDUAL INCLUDE:		AIR-CONDITIONER, WATER HEATER, AND/OR FURNACE	\$
NAME	SS#	<b>CHILD CARE EXPENSES</b>	
ADDRESS			AMOUNT
POINTS PAID AT CLOSING	\$	PROVIDER	\$
INVESTMENT INTEREST	\$	ADDRESS	
OTHER	\$	PROVIDER'S ID/SS#	
<b>CONTRIBUTIONS</b>		PROVIDER	\$
CHURCHES/SYNAGOGUES	\$	ADDRESS	
OTHER CASH CONTRIBUTIONS	\$	PROVIDER'S ID/SS#	
CHARITABLE AUTO MILEAGE		<b>COLLEGE TUITION EXPENSES (Form 1098-T)</b>	
FAIR MARKET VALUE OF NON-CASH DONATIONS		WHO?	GRADE
(TO PLACES LIKE GOODWILL)	\$	WHO?	GRADE
IF OVER \$500, PROVIDE DETAILED LIST		WHO?	GRADE
<b>CASUALTY/THEFT LOSSES</b> (MUST BE OVER 10% OF INCOME)		WHO?	GRADE
COST OF PROPERTY LOST	\$	WHO?	GRADE
FAIR MARKET VALUE OF PROPERTY	\$	WHO?	GRADE
INSURANCE REMBURSEMENT RECEIVED	\$	WHO?	GRADE
<b>JOB EXPENSES</b> (TOTAL JOB + MISC MUST EXCEED 2% OF INCOME)		<b>MN K-12 EDUCATION EXPENSES</b>	
TOTAL MILES DRIVEN			AMOUNT
BUSINESS MILES IN ABOVE		WHO?	GRADE
GAS & OIL	\$	WHO?	GRADE
INTEREST	\$	WHO?	GRADE
REPAIRS	\$	WHO?	GRADE
TOLLS & FEES	\$	WHO?	GRADE
<b>MISCELLANEOUS EXPENSES</b> (SEE NOTE IN JOB EXPENSES)		<b>ADOPTION EXPENSES</b>	
TAX PREPARATION	\$	\$	
UNION	\$	<b>FOREIGN TAXES PAID (Form 1099-B, DIV, and/or INT)</b>	
PROFESSIONAL DUES	\$	\$	
<b>QUESTIONS?</b>		<b>OTHER</b>	
		FEDERAL ESTIMATED TAXES PAID	4/15
		FEDERAL ESTIMATED TAXES PAID	6/15
		FEDERAL ESTIMATED TAXES PAID	9/15
		FEDERAL ESTIMATED TAXES PAID	1/15
		TOOLS	\$
		SAFE DEPOSIT BOX	\$
		GAMBLING LOSSES (TO THE EXTENT OF WINNINGS)	\$
		OTHER	\$

**QUESTIONS?**

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**CREDIT CARD INFO** (FILL OUT ONLY IF YOU WOULD LIKE TO PAY YOUR TAX PREP FEE WITH A CREDIT CARD)

CARD TYPE	ACCOUNT NUMBER	EXP DATE
SVC # (LAST 3 DIGITS ON BACK OF CARD)		