

2024 INCOME TAX DATA-ITEMIZER

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|----------------|---------------------|
| Taxpayer Name: | Social Security No: |
| Spouse Name: | |
| | |
| | |
| | |

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DIVIDEND AND INTEREST INCOME

| Interest (1099-INT) | | Dividends (1099-DIV) | |
|---------------------|--------|----------------------|--------|
| Payer | Amount | Payer | Amount |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |

OTHER INCOME SOURCES

| | | |
|--|---|------------------|
| <i>Income from sources in this column require worksheets found on our website at www.HhtsTax.com or comparable P&L in readable format</i> | Pensions/Annuities (Provide 1099-R) | Bring Statements |
| | Social Security (Provide 1099-SSA) | Bring Statements |
| Rental Income/Expenses (Use Worksheet) | Unemployment (Provide 1099-G) | Bring Statements |
| Child Care/Babysitting Income/Expenses (Use Worksheet) | Prizes (Provide 1099-MISC) | \$ |
| Farming Income/Expenses (Use Worksheet) | Cancellation of Debt (Provide 1099-C) | Bring Statements |
| Self-Employment Income/Expenses (Use Worksheet) | Jury Duty for Taxpayer/Spouse (<i>circle one</i>) | \$ |
| Decedent Estate Income/Expenses (Use Worksheet) | Alimony Received | \$ |
| | Royalties | \$ |
| | Other (<i>describe</i>): | \$ |
| | Other (<i>describe</i>): | \$ |
| Items purchased online or out of state, which you did not pay sales tax to VA | \$ | |

SALE OF STOCK AND/OR OTHER PROPERTY

| Description of Stock/Property | Cost | Sales Price |
|-------------------------------|------|-------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

For Stock Sales, please provide us with your 1099 B and Cost Basis Statement.

| ADJUSTMENTS TO INCOME | | | |
|--|------------------|--|----------------------|
| Alimony Paid | \$ | Payments to Traditional IRA | |
| Self-Employed Health Ins. Paid | \$ | Taxpayer | Date: \$ |
| Educator Expenses (Must provide receipts) | \$ | Spouse | Date: \$ |
| Student Loan Interest Paid | \$ | Keogh, SEP & Simple Contributions \$ | |
| MSA/HSA (NOT FSA) (Provide Contribution/Distribution forms) | | (Put type of Contributions listed above) | |
| MEDICAL EXPENSES (Must exceed 7.5% of income) | | CONTRIBUTIONS | |
| Annual Insurance Premiums (Health, Dental, & Vision) | \$ | Churches (must provide receipts) **Cash is NOT deductible** | \$ |
| Annual Medicare Premiums | \$ | Other Contributions (must provide receipts) | \$ |
| Annual Long Term Care Premiums TP (Taxpayer) SP (Spouse) | (TP)\$ (SP)\$ | Property Donated (ex: Goodwill, etc.) **Provide us w/receipts & amounts** | \$ |
| Prescriptions | \$ | Charitable Auto Mileage (total miles) | # |
| Eyeglasses | \$ | Other (<i>describe</i>): | \$ |
| Doctors/Dentists | \$ | This section is intentionally left blank | |
| Hospital | \$ | | |
| Ambulance | \$ | | |
| Medical Auto Mileage (total miles) | # | | |
| Other Medical Travel Expenses | \$ | | |
| Hearing Aids & Batteries | \$ | | |
| Reimbursements | \$ | | |
| Other (<i>describe</i>): | \$ | | |
| TAXES PAID | | MORTGAGE/STUDENT LOAN INTEREST PAID | |
| Real Estate Tax Paid (Provide a copy of the tax bill) | \$ | Home Mortgage Interest Paid (Provide Form 1098) | \$ |
| Personal Property Tax Paid (Personal vehicles – provide a copy of the tax bill) | \$ | Home Mtg Interest Paid to Individuals (List in box below the name, address and SS# of the individual interest is paid to) | \$ |
| ***DO NOT LIST W-2 WITHHOLDING HERE*** | | | |
| Federal Estimated Taxes Paid: | | | |
| Date paid: | \$ | | |
| Date paid: | \$ | | |
| Date paid: | \$ | | |
| Date paid: | \$ | | |
| State Estimated Taxes Paid: | | | |
| Date paid: | \$ | EDUCATION CREDITS (Provide Form 1098-T & receipts for any add'l expenses paid) | |
| Date paid: | \$ | Student Name | Year Started College |
| Date paid: | \$ | | |
| Date paid: | \$ | | |
| Date paid: | \$ | | |
| This section is intentionally left blank | | | |
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| CHILD CARE EXPENSES | | | |
| Provider's Name | Address | Provider's Fed ID#/SS# | Amount Paid |
| | | | \$ |
| | | | \$ |
| | | | \$ |