

2023 INCOME TAX DATA-ITEMIZER

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:	\$	Student Name	Year Started College
Date paid:	\$		
Date paid:	\$		
Date paid:	\$		
This section is intentionally left blank			
CHILD CARE EXPENSES			
Provider's Name	Address	Provider's Fed ID#/SS#	Amount Paid
			\$
			\$
			\$