



# 2019 Income Tax Data-Itemizer

13402 North Scottsdale Road Suite #A-100 Scottsdale, Arizona 85254-4055  
(602) 870-0100 [www.sourceoneaccounting.com](http://www.sourceoneaccounting.com) Fax (602) 293-3988

## IDENTITY VERIFICATION WORKSHEET

In an effort to protect your identity, the IRS now requires verification of your identity and, if married, the identity of your spouse. The documents you provide to verify your identity will be used by the IRS and verified to other third party information at the time your tax return is filed and prior to the processing of your income tax return.

### Documents Used to Verify Primary Taxpayer Identity: (select one)

- Driver's License (complete detail below)
- State issued identification card (complete detail below)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement
- Taxpayer** - No Driver's License or State ID

### Documents Used to Verify Primary Spouse Identity (if you file joint return): (select one)

- Driver's License (complete detail below)
- State issued identification card (complete detail below)
- Spouse** - No Driver's License or State ID

### Driver's License Detail

#### Taxpayer:

Issuing state \_\_\_\_\_  
 License number \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_

#### Spouse:

Issuing state \_\_\_\_\_  
 License number \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_

### State Identification Card Detail

#### Taxpayer:

Issuing state \_\_\_\_\_  
 Identification number \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 Does not expire

#### Spouse:

Issuing state \_\_\_\_\_  
 Identification number \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 Does not expire



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## HOW THE AFFORDABLE CARE ACT IMPACTS YOUR TAXES

You may notice some changes in your tax return related to the Affordable Care Act (ACA).

Starting with the 2019 tax year, the Shared Responsibility Payment more commonly known as the Health Care Penalty, no longer applies.

Please check the appropriate box to indicate your health insurance status for 2019.

I enrolled in a health plan through my employer, private insurance, Medicare or Medicaid.  
You are all set if you have minimum essential coverage that includes individual market policies, job-based coverage, Medicare, Medicaid, CHIP, TRICARE and certain other coverage.

I purchased a health plan through a Health Insurance Marketplace also known as a health exchange.  
Did you receive a government subsidy in the form of a tax credit to purchase health insurance through the online Health Insurance Marketplace? ( Yes ) ( No ) ( Circle One )

**Please provide Form 1095-A if you purchased health insurance through the Health Insurance Marketplace.**

I don't have health insurance.

( Yes ) ( No ) ( Circle One ) For the **entire year**, did you, your spouse and your dependents have health care coverage provided by either an employer or the government (Medicare, Medicaid or VA) or purchased through the Health Insurance Marketplace (Exchange) or directly from an insurance company?

Please indicate the months of health insurance coverage for each family member listed on your 2019 tax return: **C = Covered**

NAME ALL YEAR JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC  
\_\_\_\_\_

NAME ALL YEAR JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC  
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NAME ALL YEAR JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC  
\_\_\_\_\_

NAME ALL YEAR JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC  
\_\_\_\_\_

NAME ALL YEAR JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC  
\_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



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Client Code \_\_\_\_\_  
Taxpayer's Name \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Occupation \_\_\_\_\_  
Cell \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Blind / Disabled? ( Yes ) ( No )

Tax Year \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Occupation \_\_\_\_\_  
Cell \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Blind / Disabled? ( Yes ) ( No )

Contribute \$3 to Presidential Election Campaign Fund?  
Taxpayer ( Yes ) ( No ) Spouse ( Yes ) ( No )

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Fax \_\_\_\_\_

Preferred Contact ( Circle One ) ( Home ) ( Work ) ( Fax ) ( E-Mail ) ( Cell ) ( Text )

Check Here if you wish to continue to receive this Income Tax Data-Itemizer each year.  
Please note that this form is available on our website: [www.sourceoneaccounting.com](http://www.sourceoneaccounting.com) ("Resources" tab).

## DOCUMENTS YOU NEED TO BRING TO YOUR TAX APPOINTMENT

- \_\_\_\_\_ W2 Forms
- \_\_\_\_\_ 1099-INT Forms
- \_\_\_\_\_ 1099-DIV Forms
- \_\_\_\_\_ 1099-MISC Forms
- \_\_\_\_\_ Other 1099 Forms
- \_\_\_\_\_ 1095 Forms (A, B, and/or C)
- \_\_\_\_\_ Closing Statements on Sale or Purchase of Real Estate ( including refinancing )
- \_\_\_\_\_ Schedule K-1 Forms ( Income/Loss from Partnerships, Estates, Trusts, or S-Corps )
- \_\_\_\_\_ Copies of Other Compensation
- \_\_\_\_\_ 1098 Mortgage Interest Statements
- \_\_\_\_\_ Real Estate Tax Bills
- \_\_\_\_\_ Last Payroll Stub of the Year
- \_\_\_\_\_ Last Three (3) Year's Tax Returns ( if new client )
- \_\_\_\_\_ Voided Blank Check ( for direct deposit )
- \_\_\_\_\_ Items You Have Questions About
- \_\_\_\_\_ Crypto Currency Documentation (if applicable) aka Digital Currency (i.e. Bitcoin)

## FILING STATUS

\_\_\_\_\_ Single  
\_\_\_\_\_ Married Filing Joint Return  
\_\_\_\_\_ Married Filing Separate Returns  
\_\_\_\_\_ Head of Household  
\_\_\_\_\_ Qualifying Widow(er)  
Year Spouse Died \_\_\_\_\_

## DEPENDENT CHILDREN

Name	Social Security #	Date of Birth	Relationship
_____	_____	_____/_____/_____	_____
_____	_____	_____/_____/_____	_____
_____	_____	_____/_____/_____	_____

## OTHER DEPENDENTS

Name _____	Name _____
Social Security # _____	Social Security # _____
Date of Birth _____ / _____ / _____	Date of Birth _____ / _____ / _____
Relationship _____	Relationship _____
Income _____	Income _____
Support by You _____	Support by You _____
Support by Others _____	Support by Others _____
Months in Your Home _____	Months in Your Home _____

## INTEREST & DIVIDEND INCOME

Please indicate (T)axpayer, (S)pouse or (J)oint for each item.

T/S/J	Payer	\$	T/S/J	Payer	\$
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



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### OTHER INCOME

If you have Other Income, Please bring all supporting documentation. Examples:

Child Care _____ Jury Duty _____ Strike Benefits _____ Social Security _____ Alimony Received & Divorce Date _____ Unreported Tip Income _____ Non-Taxable Interest _____ State Income Tax Refunds _____ Unemployment Benefits _____ Workers' Compensation _____	Farming _____ Self Employment _____ Partnerships & S-Corps _____ Scholarships/Fellowships _____ Pensions & Annuities _____ Estates & Trusts _____ Royalties _____ Gambling Income & Prizes _____ Cancellation of Debt _____ Other _____
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### SALE OF STOCK OR OTHER PROPERTY

Please bring all supporting documentation.

Stock or Property Description	Purchase Date	Purchase Price	Sale Date	Sale Price
_____	/ /	_____	/ /	_____
_____	/ /	_____	/ /	_____
_____	/ /	_____	/ /	_____

### RENTAL PROPERTY INCOME & EXPENSE

Please bring all supporting documentation.

<b>Property #1</b> Address _____  Date Became Rental _____ / ____ / ____ Property Cost Basis _____ Total Rents Received _____ Expenses: Taxes _____ Utilities _____ Mortgage Interest _____ Insurance _____ Auto Mileage _____ Repairs _____ Supplies _____ Other _____	<b>Property #2</b> Address _____  Date Became Rental _____ / ____ / ____ Property Cost Basis _____ Total Rents Received _____ Expenses: Taxes _____ Utilities _____ Mortgage Interest _____ Insurance _____ Auto Mileage _____ Repairs _____ Supplies _____ Other _____
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### CHILD & DEPENDENT CARE EXPENSES

Please bring all supporting documentation.

Number of children/dependents cared for during the year \_\_\_\_\_  
 Total expenses paid for child/dependent care \_\_\_\_\_

Provider Name	Provider Address	Provider Tax ID#	Amount Paid
_____	_____	_____	_____

If the payments above were to an individual and you paid \$50 or more in a calendar quarter, were the services performed in your home? ( Yes ) ( No ) \_\_\_\_\_

Total amount of **employer-provided** dependent care benefits \_\_\_\_\_  
 Qualified expenses paid during the year \_\_\_\_\_



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### CONTRIBUTIONS TO A RETIREMENT PLAN

Please bring all supporting documentation.

	Taxpayer	Spouse	Date	Amount
IRAs Traditional - Roth - Education				
SEPs or SIMPLEs				

### DISTRIBUTIONS FROM A RETIREMENT PLAN

Please bring all supporting documentation.

	Taxpayer	Spouse	Date	Amount
Distributions				

### EDUCATION CREDITS / EXPENSE DEDUCTION

Student Name \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
 Student's Grade Year in College \_\_\_\_\_ Books, Supplies & Equipment \_\_\_\_\_ Date Paid \_\_\_\_\_  
 Qualified Expenses: Tuition \_\_\_\_\_ Date Paid \_\_\_\_\_ Required Fees \_\_\_\_\_ Date Paid \_\_\_\_\_

### MEDICAL EXPENSES

Insurance Pay Deduction (after tax) \_\_\_\_\_  
 Insurance & Medicare \_\_\_\_\_  
 Doctors \_\_\_\_\_  
 Dentists \_\_\_\_\_  
 Hospitals \_\_\_\_\_  
 Ambulance \_\_\_\_\_  
 Laboratory Fees \_\_\_\_\_  
 Prescriptions \_\_\_\_\_  
 Eyeglasses, Contacts \_\_\_\_\_  
 Hearing Aids & Batteries \_\_\_\_\_  
 Nursing/Long Term Care Facility \_\_\_\_\_  
 Medical Auto Mileage \_\_\_\_\_  
 Other Medical Travel Expenses \_\_\_\_\_  
 Self Employed Health Insurance \_\_\_\_\_  
 Medical Reimbursement \_\_\_\_\_  
 Health Savings Acct Contributions \_\_\_\_\_  
 Health Savings Acct Distributions \_\_\_\_\_  
 Other Medical Expenses \_\_\_\_\_  
 ( please detail )

### TAXES PAID

Federal Estimate Taxes:  
 Applied from Prior Year Return \$ \_\_\_\_\_  
 1st Qtr Date Paid / / \$ \_\_\_\_\_  
 2nd Qtr Date Paid / / \$ \_\_\_\_\_  
 3rd Qtr Date Paid / / \$ \_\_\_\_\_  
 4th Qtr Date Paid / / \$ \_\_\_\_\_  
 State of \_\_\_\_\_ Estimate Taxes:  
 Applied from Prior Year Return \$ \_\_\_\_\_  
 1st Qtr Date Paid / / \$ \_\_\_\_\_  
 2nd Qtr Date Paid / / \$ \_\_\_\_\_  
 3rd Qtr Date Paid / / \$ \_\_\_\_\_  
 4th Qtr Date Paid / / \$ \_\_\_\_\_  
 State Taxes Paid for Previous Year \_\_\_\_\_  
 Real Estate Taxes \_\_\_\_\_  
 Vehicle Registration(s) \_\_\_\_\_  
 Sales Taxes Paid on \_\_\_\_\_  
 Motor Vehicle, Boat, RV, etc. \_\_\_\_\_  
 ( major purchases )

### INTEREST EXPENSES

Please bring all supporting documentation.

**Interest MUST be to Buy, Build or Improve Home**

Home Mortgage Interest Paid \_\_\_\_\_  
 Additional Mortgage Interest Paid \_\_\_\_\_  
 Mortgage Interest Paid to an Individual \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 SS# \_\_\_\_\_  
 Investment Interest \_\_\_\_\_  
**ALL** Student Loan Interest Paid \_\_\_\_\_

### CONTRIBUTIONS

Churches\* \_\_\_\_\_  
 Other Cash Contributions\* \_\_\_\_\_  
**\*( If greater than \$250, provide written record )**  
 Charitable Auto Mileage \_\_\_\_\_  
 Property Donated\*\* \_\_\_\_\_  
 Other Non-Cash Contributions\*\* \_\_\_\_\_  
**\*\* ( If more than \$500, please itemize )**

### CASUALTY/THEFT LOSSES-FEDERALLY DECLARED

Description of Property \_\_\_\_\_  
 Date Loss Occurred \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Cost of Property Lost \_\_\_\_\_  
 Fair Market Value of Property \_\_\_\_\_  
 Insurance Reimbursement Rec'd \_\_\_\_\_  
 If Applicable, Please Bring Police Report \_\_\_\_\_

### ARIZONA PUBLIC / PRIVATE SCHOOL TAX CREDIT

Please bring all supporting documentation.  
 Would you like to hear more about this? Yes\_\_\_ No\_\_\_  
**MOVING EXPENSES-ACTIVE DUTY MILITARY ONLY**  
 Travel & Lodging - ( Not Meals ) \_\_\_\_\_  
 Moving Household Goods/Items \_\_\_\_\_  
 Reimbursement ( if any ) \_\_\_\_\_



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## AUTOMOBILE EXPENSES (SELF EMPLOYED ONLY)

Please bring all supporting documentation.

Vehicle Description \_\_\_\_\_  
Date Placed in Service \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Total Miles for Year \_\_\_\_\_  
Business Miles for Year \_\_\_\_\_  
Gas, Oil & Insurance \_\_\_\_\_  
Interest on Loan \_\_\_\_\_  
Lease Payments \_\_\_\_\_  
Tolls & Local Transportation \_\_\_\_\_  
Other \_\_\_\_\_

## UNREIMBURSED EMPLOYEE EXPENSES

Work Uniforms & Laundry \_\_\_\_\_  
Work Supplies \_\_\_\_\_  
Professional Licenses \_\_\_\_\_  
Books & Journals \_\_\_\_\_  
Continuing Education \_\_\_\_\_  
**NON-DEDUCTIBLE FOR TAX YEAR 2019**  
Union Dues \_\_\_\_\_  
Equipment/Tools Req'd for Work \_\_\_\_\_  
Other \_\_\_\_\_

Unreimbursed Teaching Expenses \_\_\_\_\_

Unreimbursed Expenses for Armed Forces Guard/Reservists \_\_\_\_\_  
Traveling More Than 100 Miles for Overnight Duty ( travel, meals, lodging ) \_\_\_\_\_

## MISCELLANEOUS

Job Seeking Expenses \_\_\_\_\_  
Accounting Fees ( incl. tax prep fees ) \_\_\_\_\_  
Investment & Tax Advice \_\_\_\_\_  
**NON-DEDUCTIBLE FOR TAX YEAR 2019**  
Safe Deposit Box Rental \_\_\_\_\_  
Gambling Losses ( not to exceed winnings ) \_\_\_\_\_  
Impairment Related Work Expenses \_\_\_\_\_  
Alimony Paid & Divorce Final Date \_\_\_\_\_  
Purchase of Hybrid/Electric Vehicle \_\_\_\_\_  
Energy-Efficient Home Improvements \_\_\_\_\_  
Repayment of First-Time Homebuyer Credit \_\_\_\_\_  
Other \_\_\_\_\_

## GENERAL QUESTIONS

Did Your Marital Status Change Last Year?  
( Yes ) ( No )  
Are You Being Claimed as a Dependent of Another Person?  
( Yes ) ( No )  
May the IRS discuss your return with Source One Accounting & Tax Services, P.C.? ( Yes ) ( No )

All of the information contained on this Income Tax Data-Itemizer is true and complete. ( Please Sign Below )

\_\_\_\_\_ ( taxpayer ) \_\_\_\_\_ ( spouse )

## OTHER INFORMATION

Please Provide Any Other Information Related to Your Taxes Not Reported Elsewhere on This Income Tax Data-Itemizer

## ELECTRONIC FILING INFORMATION

**Free E-File**

All Tax Returns will be Filed Electronically Unless Otherwise Requested.

**Free E-File**

Do You Wish to Opt Out of Electronic Filing? ( Yes ) ( No )

( No additional fees will be charged )

## FINAL PREPARATION NOTES

If a Refund is Expected, Please Indicate How You Would Like to Receive Your Refund:

\_\_\_\_\_ Apply to Estimate Taxes for Next Year's Return  
\_\_\_\_\_ Paper Check to be Received by Mail  
\_\_\_\_\_ Direct Deposit ( Up to 3 different accounts. Please provide a blank "voided check(s)" )

If Additional Taxes are Due with Your Return, Would You Like to Receive:

\_\_\_\_\_ Estimate Tax Calculations and Vouchers for Next Year's Return  
\_\_\_\_\_ Installment Agreement Request(s) ( IRS imposes a setup fee )

Please Rate this Income Tax Data-Itemizer and its Usefulness to You in Gathering Your Tax Information.

5 4 3 2 1  
BEST WORST

*Thank You! Your Opinions Mean a Great Deal to Us!*