



2020 Income Tax Data-Itemizer

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

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 ("Resources" tab).

DOCUMENTS YOU NEED TO PROVIDE

- | | |
|---|--|
| _____ W2 Forms | _____ 1098 Mortgage Interest Statements |
| _____ 1099-INT Forms | _____ Real Estate Tax Bills |
| _____ 1099-DIV Forms | _____ Last Payroll Stub of the Year |
| _____ 1099-MISC Forms | _____ Last Three (3) Year's Tax Returns (if new client) |
| _____ Other 1099 Forms | _____ Voided Blank Check (for direct deposit) |
| _____ 1095 Forms (A, B, and/or C) | _____ Items You Have Questions About |
| _____ 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 | _____ Crypto Currency Documentation (if applicable)
aka Digital Currency (i.e. Bitcoin) |

FILING STATUS

- | | |
|---------------------------------------|----------------------------|
| _____ Single | _____ Head of Household |
| _____ Married Filing Joint Return | _____ Qualifying Widow(er) |
| _____ Married Filing Separate Returns | 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 provide 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 _____ Amount of Stimulus Check _____ <i>If Available, provide IRS Notice 1444</i>
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SALE OF STOCK OR OTHER PROPERTY

Please provide all supporting documentation.

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

RENTAL PROPERTY INCOME & EXPENSE

Please provide all supporting documentation.

Property #1 Address _____ Date Became Rental _____ / ____ / ____ Property Cost Basis _____ Total Rents Received _____ Expenses: Taxes _____ Utilities _____ Mortgage Interest _____ Insurance _____ Auto Mileage _____ Repairs _____ Supplies _____ Other _____	Property #2 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 provide 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 provide all supporting documentation.

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

DISTRIBUTIONS FROM A RETIREMENT PLAN

Please provide 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 provide 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

Provide Even If You Don't Itemize

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 Provide Police Report _____

ARIZONA PUBLIC / PRIVATE SCHOOL TAX CREDIT

Please provide 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 provide 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 2020
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 2020
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!



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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