

DANIEL R. CUDDY, CPA, LLC

7 William Street
 Auburn, New York 13021
 PHONE 315-252-3600
 WWW.CUDDYFINANCIAL.COM

2009 INCOME TAX DATA ITEMIZER

Please complete each section to the best of your ability in order to ensure that all income, credits and allowable deductions are accounted for and assist us in keeping your fee as low as possible. If additional space is needed to detail items, please list on a separate sheet and attach to this form. Bring this completed form, along with the following items, to your tax appointment:

- | | |
|--|---|
| <input type="checkbox"/> All W-2 and W-2P forms for wages, salaries and pensions. | <input type="checkbox"/> Real estate tax bills paid in 2009 (even if not itemizing) |
| <input type="checkbox"/> All 1099 forms for interest and dividend income | <input type="checkbox"/> Sales/Lease invoices for large purchases in 2009 (i.e: autos, boats, RVs) |
| <input type="checkbox"/> All 1099-R forms for pension and retirement income | <input type="checkbox"/> Receipts for energy-related purchases and home improvements |
| <input type="checkbox"/> All 1099-S and 1099-B forms for sales of securities and real property | <input type="checkbox"/> Purchase and sales statements for stock sales |
| <input type="checkbox"/> Social security and railroad retirement forms SSA-1099, RRB-1099 and RRB-W-2P (including \$250 social security economic recovery payment) | <input type="checkbox"/> Closing statements for real estate purchases and sales |
| <input type="checkbox"/> Copy of prior year's tax return (NEW CLIENTS ONLY) | <input type="checkbox"/> All K-1 forms and instructions for partnerships, trusts, estates, S-Corporations, and joint ventures |
| | <input type="checkbox"/> Any other supportive documents that may be necessary to help justify or clarify a deduction, transaction, sale, etc. |

COMPLETED TAX RETURNS WILL BE UPLOADED TO OUR SECURE STATE OF THE ART PORTALS, please provide the e-mail address that we should send instructions to:

- Upload my return to a secure private portal (E-mail / phone login info to me at: _____)
- I prefer a hard copy of my 2009 tax returns.

PERSONAL DATA – returning clients only need to complete this section if information has changed since last year

TAXPAYER		SPOUSE	
Full Name:		Full Name:	
Soc. Sec. #:	Date of Birth	Soc. Sec. #:	Date of Birth
Occupation:		Occupation:	
E-Mail Address:		E-Mail Address:	
Work Phone:	Cell/Other Phone:	Work Phone:	Cell/Other Phone:

Home Address (Number & Street, including Rural Route):		
City & State:	Zip Code:	Home Phone:
County	School District	School District Code:

DEPENDENT DATA –returning clients only need to complete this section if information has changed since last year

FULL NAME	DATE OF BIRTH	SOC SEC #	RELATIONSHIP	# MOS IN HOME	✓ IF ATTENDING COLLEGE

(use separate sheet if additional space is required)

WAGE & RETIREMENT INCOME – Please provide all W-2's & 1099R's (T = Taxpayer, S = Spouse)

EMPLOYER'S NAME	IN PENSION PLAN?	T or S	GROSS WAGES	FICA WAGES	FED. WH. AMT.	STATE WH. AMT.	414(h)	SOC SEC	MEDICARE

INCOME TAXES PAID or REFUNDED – (not including withholding from W-2's)

	FEDERAL				STATE			
BALANCE PAID ON LAST YEAR'S RETURN								
REFUND RECEIVED ON LAST YR'S RETURN								
ESTIMATED TAX PMTS MADE – LIST DATES & AMOUNT PAID	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q

(OVER PLEASE)

INTEREST INCOME		
Source of Income	Taxable	Non-Taxable

DIVIDEND INCOME				
Source of Income	Ordinary Income	Qualified Income	Capital Gains	Non-Taxable

SALE OF STOCK OR OTHER PROPERTY (including Real Property) *Bring supporting documentation for Sales & Purchases				
Description	Date Purchased	Date Sold	Sale Price	Cost Basis

OTHER INCOME - Please bring all figures and supporting data for other income, such as:	
NYS Income Tax Refunds	
Unemployment Compensation	
Gambling/Lottery Income	
Soc. Sec. Benefits – Taxpayer	
Soc. Sec. Benefits - Spouse	
Cancellation of Debt	

DEDUCTIONS AND CREDIT ITEMS
Please indicate T, S, or J next to all items entered (T=Taxpayer, S=Spouse, J=Joint)

MEDICAL EXPENSES	
Insurance	
Medicare	
Long-Term Care Premiums	
Prescriptions	
Eyeglasses	
Doctors	
Dentists	
Hospital	
Ambulance	
Medical Auto Mileage	
Other Med. Travel Expenses	
Hearing Aids & Batteries	
Other Medical Expenses	
Reimbursements	
TAXES	
Real Estate Taxes – Land	
Real Estate Taxes – School	
Sales Tax Paid on Vehicles or Boats	
4Q 2008 Estimated Tax Payment (if paid in 2009)	
Economic Recovery Payment (SSI recipients)	T- S-
INTEREST	
1 st Mortgage (pd. to Fin. Inst.)	
2 nd Mortgage (pd. to Fin. Inst.)	
Home Equity Interest pd.	
Investment Interest	
Student Loan Interest	
Mortgage Insurance Premiums	

RETIREMENT PLAN CONTRIBUTIONS	
Payments to IRA, KEOGH, SEP, or SIMPLE Plans:	
Plan Type: _____ Date: _____	
Plan Type: _____ Date: _____	
Plan Type: _____ Date: _____	
Plan Type: _____ Date: _____	
Penalty/Early Withdrawal	
CASUALTY & THEFT LOSSES	
Cost of Property Lost	
Property Fair Market Value	
Insurance Reimbursement	
MOVING EXPENSES (Must be business-related)	
Travel & Lodging – Move	
Meals During Move	
Mileage	
Reimbursements	
AUTOMOBILE EXPENSES (Must be business-related)	
Total Miles	
Business Miles	
Gas & Oil	
Other Operating Expenses	
Interest	
Tolls	
Reimbursements	

CONTRIBUTIONS *Receipts Required	
Churches	
United Way	
Other Cash Contributions	
Charitable Auto Mileage	
Donated Property (FMV)	
Other:	
MISCELLANEOUS DEDUCTIONS	
Alimony Paid	
Reimbursed Business Expenses	
Self-Employed Health Ins.	
Educator Expenses	
Gambling Losses	
Union Dues	
Uniforms	
Tax Return Preparation	
Investment/Tax Advice Fees	
Energy Expenditures	
Hybrid Vehicle Purchase	
Other:	

CHILD CARE EXPENSES (For children under 13 only)			
Provider's Name	Address	Provider's ID (SSN or EIN)	Amount Paid

AMERICAN OPPORTUNITY / LIFETIME LEARNING CREDIT INFORMATION				
Student's Name	Name of College	Undergrad / Grad	Tuition & Fees	Books
		<input type="checkbox"/> / <input type="checkbox"/>		
		<input type="checkbox"/> / <input type="checkbox"/>		

PLEASE ATTACH SEPARATE SHEET(S) IF ADDITIONAL SPACE IS NEEDED.