

2018 TAX DEDUCTION FINDER

Your Name _____ Soc. Sec. No. _____
 Spouse's Name _____ Soc. Sec. No. _____
 Your Occupation _____ Date of Birth _____ Home Phone _____
 Spouse's Occupation _____ Date of Birth _____ Work Phone _____
 Address _____ eMail _____

DOCUMENTS TO BRING: ▶ Last year's return (if new client) ▶ W-2 Forms ▶ Purchase & sale info for all property sold
 ▶ 1099 Forms for: interest · dividends · soc. sec. · unemployment · self-employment · debt cancellation · retirement · HSA/MSA
 ▶ 1098 Forms for: mortgage interest · tuition · student loan interest · auto/boat donations ▶ Health insurance (form 1095)
 ▶ Foreign account statements ▶ Bitcoin & other cryptocurrency account details ▶ Other documents referenced in following pages

	FEDERAL	STATE	DEPENDENTS				
Last year I received refunds of: _____ Last year I had to pay: _____			Name	Number of months lived in your home ▼			
			First, Initial & Last	Social Security # (required)	Relationship	Birthdate	Grade

I want my refunds directly deposited into my bank, IRA ... (bring a voided check / account info)

INCOME (other than income shown on W-2s)

SOURCE (include foreign accounts)	T/S/J	AMOUNT
INTEREST (Bring in 1099s or Statements)		
If Individual, list Name, Address & Soc. Sec. #		
Include all tax exempt and Municipal Bonds		
Excludable Series EE Savings Bonds		

SOURCE (include foreign accounts)	T/S/J	AMOUNT
DIVIDENDS (Bring in 1099s or Statements)		
Include all tax exempt		

OTHER INCOME NOT INCLUDED ABOVE OR ON W-2 (see page 4 for self-employment & rental income details)

UNEMPLOYMENT (Bring in 1099)		
ALIMONY		
TIPS		
COMMISSIONS/BONUSES		
PRIZES/AWARDS/GAMBLING/LOTTERY		
JURY/ELECTION DUTY		
BUSINESS/FARM/RENTAL (Bring details)		
STOCK & PROPERTY SALES (Bring 1099, Cost, Dates)		
PARTNER./CORP/ESTATE/TRUST (Bring K-1)		
SCHOLARSHIPS/FELLOWSHIPS, if not on W-2		
STRIKE PAY		
PENSIONS (Bring in 1099-R)		
FOREIGN INCOME		
HOBBY INCOME		

PERSONAL INJURY AWARDS		
DISABILITY/RETIREMENT		
IRA(Bring in 1099-R)		
SOCIAL SECURITY (Bring in SSA-1099)		
SOCIAL SECURITY (Bring in SSA-1099)		
RAILROAD RETIREMENT (Bring in RRB-1099)		
RAILROAD RETIREMENT (Bring in RRB-1099)		
DEBT CANCELLATION – BRING 1099-C or A		

NON-TAXABLE INCOME

VETERANS PENSION/DISABILITY		
CHILD SUPPORT/ASSISTANCE		
WORKER'S COMPENSATION		
OTHER (identify)		
OTHER (identify)		

ESTIMATE PAYMENTS PAID IN/FOR 2018			FEDERAL			STATE		
	Date Paid		Check #	Amount		Date Paid	Check #	Amount
4th Qtr. Prior Year								
1st Qtr. This Year								
2nd Qtr. This Year								
3rd Qtr. This Year								
4th Qtr This Year								

RETIREMENT PLANS

If you or your spouse has an IRA, SEP, SIMPLE or Keogh Retirement Plan, list the amount you have contributed for 2018 and the date of contribution.

IRA: Regular Roth You \$ _____ Date _____ Spouse \$ _____ Date _____
SEP:..... You \$ _____ Date _____ Spouse \$ _____ Date _____
Keogh..... You \$ _____ Date _____ Spouse \$ _____ Date _____
SIMPLE..... You \$ _____ Date _____ Spouse \$ _____ Date _____

If amount listed is not the maximum, do you want to contribute the maximum deductible amount? Yes _____ No _____
 Did you convert any funds from a regular IRA to a Roth IRA? You \$ _____ Spouse \$ _____

MEDICAL SAVINGS ACCOUNTS (MSAs) / HEALTH SAVINGS ACCOUNTS (HSAs)

Amount Contributed: You _____ Spouse _____ Amount withdrawn for Qualified Expense _____
 Amount of Insurance Deductible _____ Type of Plan: Single _____ Family _____

ITEMIZED DEDUCTIONS & ADJUSTMENTS TO AGI

MEDICAL EXPENSES

(Must exceed 7.5% of Adjusted Gross Income)

Net amount paid by
you -- NOT PRETAX

Medical Insurance Premiums: Payroll Deduction		
Paid directly by you		
Medicare B/D deducted from Social Security		
Dental Insurance		
Long Term Care Insurance		
	Mileage	
Alcohol or Drug Addiction Therapy		
Ambulance		
Anesthesiology		
Child Birth Class		
Doctors, Dentists, Chiropractors, etc.		
Eye Glasses, Contact Lenses, Exams		
Hearing Aid, Batteries, Repairs		
Hospitals		
Insulin		
Laser eye surgery		
Lodging (limited to \$50/day per person)		
Parking		
Prescribed Medical Attire (support hose, shoes, etc.)		
Prescribed Medical Equip: Cost/Rental		
Prescribed weight loss program		
Prescriptions (not over-the-counter)		
Required nursing home care		
Special Schooling for Mentally or Physically Handicapped		
Other		

TAXES (sum total deduction is limited to \$10,000)

Real Estate: Home	
2nd Home	
Other	
Personal Property	
Auto / Truck Tabs	
Sales Tax on New Vehicle	
Other Sales Tax Paid (from receipts)	

INTEREST

Home Mortgage (paid to financial institution) Bring in Form(s) 1098	
Home Mortgage (paid to individual) List Name, Social Security Number & Address	
2nd Home Mortgage (paid to financial institution)	
2nd Home Mortgage (paid to individual) List Name, Social Security Number & Address	
Home Equity Loan: Bring in Form(s) 1098	
Points (bring closing papers if purchased this yr.)	
Have you refinanced above properties this year? If yes, bring closing papers.	
Investment Interest (provide details)	

CONTRIBUTIONS (receipts from the charity are required)

A. Cash Contributions for which you have receipts, canceled checks, payroll deductions, etc.		
C. Non-cash items: Fair market value or garage sale price on clothing, furniture, appliances, etc. Give organization, item and value (if over \$500, bring detailed information and receipts.) Autos, boats, airplanes bring 1098-C.		
D. Transportation / Travel for Volunteer Work		
Mileage		
Parking		
Out of pocket expenses (receipted)		

CASUALTY & THEFT LOSSES

(Must be in a presidentially declared disaster area and exceed 10% of Adjusted Gross Income)	
Date of Casualty _____	Date Acquired _____
Kind of Property _____	How Destroyed _____
FMV Before _____	FMV After _____
Cost plus improvements	
Insurance reimbursements	
Federally declared disaster area? Yes__ No__	Bring Details

OTHER ITEMIZED DEDUCTIONS

Gambling Losses	
Disabled person's impairment related non-reimbursed employee expenses	

ADJUSTMENTS TO AGI

Classroom materials for educators	
Payments to HSA/MSA (taxpayer)	See page 1 for details
Payments to HSA/MSA (spouse)	See page 1 for details
Taxpayer payments to an IRA: Regular <input type="checkbox"/> , Roth <input type="checkbox"/> SEP <input type="checkbox"/> , SIMPLE <input type="checkbox"/>	See page 1 for details
Spouse payments to an IRA: Regular <input type="checkbox"/> , Roth <input type="checkbox"/> SEP <input type="checkbox"/> , SIMPLE <input type="checkbox"/>	See page 1 for details
Penalty for early withdrawal	
Alimony paid (SS# - -)	
Self employed health insurance premiums	
Student loan interest (form 1098-E)	

CHILD and DEPENDENT CARE ▶ *If you or your spouse paid for dependent care to be gainfully employed.*

Were the Dependent Care services performed in your home? Yes ___ No ___

Were you reimbursed by your employer for child care: Yes ___ No ___ If so \$ _____ Amount forfeited, if any \$ _____

Even though your reimbursement equaled your child care expenses, you are required to show the following information on your tax return:

Name(s) and Age(s) _____
of Dependents _____

Name(s) of Individual/Organization Who Provided Care	Address: Number, Street City, State & Zip	Social Security or Employer ID Number	Amount Paid In 2018

▶ If more space is needed, attach statement.

▶ You cannot take a credit for amounts paid to your dependent.

EDUCATION CREDITS, DEDUCTIONS

Tuition and required fees you paid for yourself, your spouse or dependent(s) for post-secondary education \$ _____ Date Paid _____

Date education began _____ Student's Name _____ Degree Program? Yes ___ No ___

Was the student enrolled at least half time? ___ Year in School -- Fr / So / Jr / Sr / Graduate **(please bring 1098-T)**

- PLEASE CHECK ALL APPLICABLE QUESTIONS**
- YES
- ___ Are you being claimed as a dependent on another Tax Return?
 - ___ Do any of your dependents have earned income or investment income? Bring details for each dependent.
 - ___ Did you change your marital status during the year? If yes, date _____
 - ___ Are you paying towards the support of a relative other than dependents claimed above, and if so, what is their *taxable* income?
 - ___ Did you or your spouse become disabled or legally blind during the tax year?
 - ___ Did you purchase a business vehicle or other business equipment during the year? If yes, bring details.
 - ___ Are you making payments on a boat or recreational vehicle that has a toilet, sleeping and basic living facilities?
 - ___ Have you received an income statement on your Social Security # which is reported on another tax return?
 - ___ Do you have a non-collectible debt? If so, bring details.
 - ___ Are you involved in bartering your services or property for other services or property?
 - ___ Do you have income, expenses or deductions that are not listed? Bring details.
 - ___ Did you pay someone who performed services as an employee at your home in 2018?
 - ___ Were you notified by the IRS or State of any change in a prior year's tax return? Bring notice.
 - ___ Do you (and/or your spouse) wish to designate \$3.00 to the Presidential Election Fund? Taxpayer ___ Spouse ___
 - ___ In 2018, did you pay adoption fees, court costs, attorney fees and/or other expenses directly related to an adoption?
Amount _____ Was it finalized? _____ Was the adoption international? _____ Special Needs Child? _____
 - ___ Did you receive combat pay in 2018?
 - ___ Was your home mortgage forgiven in foreclosure or restructure? Bring the 1099-C or 1099-A.
 - ___ Did you buy or sell a home in 2018 or did you refinance? Bring the settlement statement.
 - ___ Do you own stock in an insurance firm that demutualized?
 - ___ Did you distribute federally non-taxable earnings from a 529 plan not mentioned above in 2018?
 - ___ Are you paying towards Health Insurance for a child under the age of 19, a full-time student under the age of 24, or, if disabled, an individual of any age? If yes, \$ _____
 - ___ Did you enclose a copy of your 2018 Property Tax Statement for your principal residence? Is it paid? _____
 - ___ Did you receive a \$7,500.00 First Time Homebuyer Credit for a purchase in 2008?
 - ___ Do you have foreign accounts or assets? Bring details.
 - ___ Did you sell any Bitcoin and/or crypto-currency? Bring purchase and sale price details.

QUESTIONS YOU WOULD LIKE TO ASK _____

BUSINESS / RENTAL / FARM INCOME & EXPENSES

Name of Business (if any) _____ Federal ID# (if any) _____

Address of Business/Property _____

Product Sold or Service Performed _____

Income

Gross Sales/Receipts	Include all income, even if not reported on form 1099	
Returns/Refunds	Amount included in gross that was refunded to your clients	<ul style="list-style-type: none"> Bring all form(s) 1099-MISC received. Do your records agree with the amount reported on form 1099-MISC? Y___ N___ Did you receive \$10,000 in actual cash from any individual at any one time (or cumulative) during the year?
Other Income	Directly related to your business	

Sale of Equipment, Machinery, Land, Buildings Held for Business Use

Kind of Property	Date Acquired	Date Sold	Gross Sales Price	Expenses of Sale	Original Cost

Cost of Goods Sold

Purchase of product & supplies for resale		Freight-In: Shipping cost to receive product or materials, if not included in purchases
Personal Use: Actual cost of items in purchases used by you or your family		Other-Costs (describe)
Cost of Labor		Inventory at End of Year
Purchase of Materials for Jobs: (construction or installation type)		How did you arrive at your inventory value? Actual Cost <input type="checkbox"/> Other (explain):

Other Expenses

Advertising/Promotion	Repairs & Maintenance
Commissions & Fees	Supplies
Contract Labor	Taxes
Employee Benefits	Business Meals
Insurance	Gifts
Business Loan Interest	Utilities
Legal & Professional Fees	Wages (paid to employees)
Office Expenses	Equipment (describe items/costs on separate list)
Pension/Profit Sharing (employees only)	Other:
Rent	Other:

Automobile Expenses

Office in Home

Travel

	Vehicle #1	Vehicle #2	Date Acquired Home		
Total Miles			Total Cost		Lodging
Business Miles			Cost of Land		Airfare
Commuting Miles			Cost of Improvements		Auto Rental
Personal Miles			Sq. Footage of Home		Taxi/Uber/Lyft/
Jan. 1 2018 Odometer Beginning			Sq. Footage of Office Area		Bus/Train
Dec. 31 2018 Odometer Ending			Rent Paid (if you rent)		Meals (keep total separate from other costs)
Gas & Oil			Interest		Other (incidentals, laundry, etc.)
Interest			Taxes		Convention Fees
Tolls and Local Transportation			Utilities		Travel (# of nights away)
Lease Payments			Insurance		City _____ Nights Out _____
Repairs & Maintenance			Repairs/Maintenance		City _____ Nights Out _____
Other:			Other expenses:		City _____ Nights Out _____

Final checklist for all four pages:

<ul style="list-style-type: none"> Check all information and amounts listed to be sure of accuracy. Enclose all W2s, Interest, Dividends, and other 1099s. If you received any correspondence or materials from the IRS or state, please bring them. Enclose purchase/sales/contract agreements/closing papers. Dates are important! 	<ul style="list-style-type: none"> I consent to have the IRS discuss my tax return with my preparer TIMELY RECORDS must be maintained to support deductions. Records must indicate who, what, why, where, and when. Check if you have receipts or log. <p>I have reviewed this information and to the best of my knowledge it is correct. Please sign _____</p>
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