## 2024 TAX DEDUCTION FINDER

Your Name					S	oc. Sec. No	0		
Spouse's Name						oc. Sec. No	o		
Your Occupation									
Spouse's Occupation									
Address  DOCUMENTS TO BRING: ▶  1099 Forms for: interest · di  1098 Forms for: mortgage in  Foreign account statements	ividends · terest · tu	soc. sec. ·	unemployn dent loan int	nent - self-ei terest - auto	mploymer/boat dona	nt - debt ca ations   ▶ l	incellation - re Health insurar	etirement · H	ISA/MSA 95)
						DEPEND	DENTS		
	DERAL	STATE		Name			Number of	months lived in	n your home 🕶
Last year I received refunds of:			First, Ir	nitial & Last	Social S	Security # juired)	Relationship	Birthdate	Grade
Last year I had to pay:			_		(-2-	1/			
I want my refunds directly depo IRA (bring a voided che	osited into	my bank, it info)							
INCOME			•				•		'
INCOME (other than income sho	wn on W-2	,		COURCE	- (in al	ion inner		=10	
SOURCE (include foreign income)	nto)	T/S/J	AMOUNT		E (include fore	ign income) in 1099s or S	Ptatamanta)	T/S/J	AMOUNT
INTEREST (Bring in 1099s or Statement If Individual, list Name, Address & Soc.					all tax exem		Statements)		
Include all tax exempt and Municipal Bo				- Include 8	all tax exeri	ipt			
Excludable Series EE Savings Bonds	orius								
OTHER INCOM	IF NOT INC	UDED ARC	OVE OR ON W	V-2 (see page	4 for self-e	mnlovment	& rental incom	e details)	
UNEMPLOYMENT (Bring in 1099)		1		- ` <del></del>		NTS / AWAR			
ALIMONY					ITY/RETIR				
TIPS				PENSIO	NS / IRAs (	Bring all 109	9-R forms)		
COMMISSIONS/BONUSES						(Bring in SS			
PRIZES/AWARDS/GAMBLING/LOTTE	RY			SOCIAL	SECURITY	' (Bring in SS	SA-1099)		
JURY/ELECTION DUTY				RAILRO	AD RETIRE	EMENT (Bring	g in RRB-1099)		
PARTNER./CORP/ESTATE/TRUST (B	ring K-1)			RAILRO	AD RETIRE	EMENT (Bring	g in RRB-1099)		
STOCK & PROPERTY SALES (Bring 1 Cost, Dates)	099,			DEBT C	DEBT CANCELLATION – BRING 1099-C or A				
•	-4 14/ 0			BITCOIN	N / CRYPTO	CURRENCY	Y (bring details)		
SCHOLARSHIPS/FELLOWSHIPS, if no STRIKE PAY	OLOH VV-Z			<u> </u>	NON-TA	XABLE INC	OME		
BUSINESS/FARM/RENTAL (details on	naga 4)			VETERA	ANS PENSI	ON/DISABIL	ITY		
FOREIGN INCOME	page 4)			CHILD S	SUPPORT/A	ASSISTANCE	<b></b>		
HOBBY INCOME					R'S COMP				
OTHER INCOME (please specify)						R INCOME (b	ring details)		
				OTHER	(please spe	ecify)			
ESTIMATE PAYMENTS PAID IN/FOR	2024	F	EDERAL		I		STA	\TE	
	Date I	Paid	Check #	Amoun	nt	Date Paid	d Check	#	Amount
4th Qtr. Prior Year									
1st Qtr. This Year									
2nd Qtr. This Year									
3rd Qtr. This Year									
4th Qtr This Year									
RETIREMENT PLANS									
_			Date		Spou	ıse \$	D	ate	
SEP You \$			Date		Spou	ise \$			
						ıse \$		)ate	
If amount listed is not the maximum, do							L		
	VOIL Want to								
Did you convert any funds from a regul					ise \$				
Did you convert any funds from a regular MEDICAL SAVINGS ACCOUNTS (MS	ar IRA to a I	Roth IRA? `	You \$	Spou	ise \$				
	ar IRA to a I SAs) / HEAL Spo	Roth IRA? ` TH SAVING use	You \$ S ACCOUNT	Spou S (HSAs) mount withdray	wn for Qual	ified Expense	e		

## **ITEMIZED DEDUCTIONS & ADJUSTMENTS TO AGI**

		Net amount paid by CONTRIBUTIONS (receipts from the charity a	
MEDICAL EXPENSES		you NOT PRETAX  A. Cash Contributions for which you have receipts	canceled
Medical Insurance Premiums: Payroll Ded	uction	checks, payroll deductions, etc.	
Paid directly b	y you		
Medicare B/C/D deducted from Social Secur	rity		
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)		B. Direct Charitable Distribution from IRA (QCD)	
Parking			
Prescribed Medical Attire			
(support hose, shoes, etc.)		C. Non-cash items: Fair market value or garage sale price	
Prescribed Medical Equip: Cost/Rental		on clothing, furniture, appliances, etc. Give organization,	
Prescribed weight loss program		item and value (if over \$500, bring detailed information	
Prescriptions (not over-the-counter)		and receipts.) Autos, boats, airplanes bring 1098-C.	
Required nursing home care			
Special Schooling for Mentally or		D. Transportation / Travel for Volunteer Work	
Physically Handicapped		Mileage	
Transportation (airfare, taxi, bus, train, etc.)		Parking	
Other		Out of pocket expenses (receipted)	
			•
		CASUALTY & THEFT LOSSES	
TAXES			
	1	(Must exceed 10% of Adjusted Gross Income) (See page 4 for business casualty and theft losses)	
Real Estate: Home			
2nd Home		Date of Casualty Date Acquired	<del>_</del>
Other		Kind of Property How Destroyed	
Personal Property		FMV Before FMV After	
Auto / Truck Tabs		Cost plus improvements	
Sales Tax on New Vehicle		Insurance reimbursements	
Other Sales Tax Paid (from receipts)		Federally Declared Disaster Area?YN	bring details
		OTHER ITEMIZED DEDUCTIONS	
NITEDEST		OTHER ITEMIZED DEDUCTIONS	T
INTEREST		Gambling Losses	
Home Mortgage (paid to financial institution)	)	Disabled person's impairment related	
Bring in Form(s) 1098		non-reimbursed employee expenses	
Home Mortgage (paid to individual)			
List Name, Social Security Number & Add	Iress	ADJUSTMENTS TO AGI	
		Classroom materials for educators	
2nd Home Mortgage (paid to financial institu	ution)	Payments to HSA/MSA (taxpayer)	See page 1 for details
2nd Home Mortgage (paid to individual)		Payments to HSA/MSA (spouse)	See page 1 for details
List Name, Social Security Number & Add	Iress	Taxpayer payments to an IRA: Regular □, Roth □	
•		SEP □, SIMPLE □	See page 1 for details
Home Equity Loan: Bring in Form(s) 1098		Spouse payments to an IRA: Regular □, Roth □	, , , , , , , , , , , , , , , , , , , ,
Points (bring closing papers if purchased thi	is yr.)	SEP 🗆, SIMPLE 🗆	See page 1 for details
Have you refinanced above properties this y		Penalty for early withdrawal of savings	
If yes, bring closing papers.		Alimony paid (include recipients SS# and date of divorce)	
,,g <del>g papero.</del>		Self employed health insurance premiums	1
Investment Interest (provide details)		Student loan interest (form 1098-E)	
		- 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1

Were you reimbursed by your emp	es performed in	your home? Yes No_			
• • • • • • • • • • • • • • • • • • • •	ployer for child	care: Yes No If so	\$	Amount forfeited, if any	\$
Even though your reimbursement equ	-			lowing information on your	tax return:
Name(s) and Age(s)					
of Dependents					
Name(s) of Individual/Organization	Address:	Number, Street		Social Security or	Amount Paid
Who Provided Care		City, State & Zip		Employer ID Number	In 2024
► If more space is needed, attack	ch statement.	➤ You cannot take	a credit for amo	unts paid to your depende	ent.
<b>DUCATION CREDIT</b>	S. DEDU	CTIONS (The college/u	niversity issues	form 1098-T to the studen	t, please bring)
Tuition and required fees you paid for	•				
		, .	•		
Date education began Was the student enrolled at least half t	time?	Year in School Fr / So / Jr /	Sr / Graduate	Employer Reimbursemer	
Did you or your spouse bed Did you purchase a busines Are you making payments of	on a boat or red	creational vehicle that has a		· ·	s?
Do you have income, expering Did you pay someone who Were you notified by the IR	ble debt? If so, ng your services nses or deducti performed serv tS or State of ar	bring details. s or property for other service ons not mentioned in this of rices as an employee at you rry change in a prior year's	ces or property? rganizer? Bring ur home in 2024 ax return? Bring	g details. ? g notice.	
Do you have a non-collectile Are you involved in barterin Do you have income, expertion Did you pay someone who	ble debt? If so, ag your services nses or deducti performed serves or State of are) wish to design fees, court of	bring details. s or property for other service ons not mentioned in this or rices as an employee at you change in a prior year's finate \$3.00 to the President costs, attorney fees and/or or the president costs.	ces or property? rganizer? Bring ur home in 2024 ax return? Bring tial Election Fun other expenses	g details. ? g notice. d? Taxpayer Spo directly related to an add	ouse
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## **BUSINESS / RENTAL / FARM INCOME & EXPENSES**

Name of Business (if a						Fe	deral ID# (if any)		
ddress of Business/P									
roduct Sold or Servic	e Performed								
				Income					
di 033 Juic3/ Neccipts	Include all income, or reported on form 10			Bring <u>all</u> 1099 forms. Do your records agree with the amount					
netariis/ nerarias	Amount included in was refunded to you	U	reported as non-employee compensation? Y N  • Did you receive \$10,000 in actual cash from any individual a						
	Directly related to y	any one time (or cumulative) during the year?							
Employee Retention Credits: \$			Tax Year of Credit (you might need to amend):						
Sale o	f Fauinmer	rt Mack	ninerv	Land Ru	ildings He	ld for	Rusiness Use		
Kind of Property		Date Acquir	hinery, Land, Buildings H			Sales Price Expenses of Sale Original Co			
					•		•		
		Cost o	of Goo	ds Sold &	Inventory	,			
*Purchase of Product & Suppli	ies for Resale:			Inventory at					
*Cost of Labor:				How did you	arrive at your inv	entory val	ue? Actual Cost D O	ther (explain):	
*Purchase of Materials for Job	is:					-	d for marketing: \$		
*Other-Costs (describe):				Personal Use	e: Cost of invento	ry used by	yourself or family: \$		
Do not list the same expense in	more than one cate	egory							
			Oth	er Expens	es				
Advertising/Promotion					& Maintenance				
Commissions & Fees			1	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 (employ	rees only)			Other:	Dolated Casualty	or Thoft I	occoca V N /brin	a dotaila)	
Rent				l e	Related Casualty	or Thert L		g details)	
Automobile E	xpenses		(	Office in H	ome		Trave	l	
	Vehicle #1	Vehicle #2	Date Acquired Home			Lodging			
Total Miles			Total Cost			Airfare			
Business Miles			Cost of Land			Auto Rental			
Commuting Miles			Cost of Improvements			Taxi/Uber/Lyft			
Personal Miles		_	Sq. Footage of Home			Bus/Train Meals			
Jan. 1 2024 Odometer Begin			Sq. Footage of Office A		a	Meals Other (incidentals, laundry, etc.)			
Dec. 31 2024 Odometer End Gas & Oil	ing	+ -	Rent Paid (if you rent) Interest			Convention Fees			
Interest		+	Taxes			Travel (# of nights away)			
Tolls and Local Transportation		+	Utilities			<b>Ⅎ</b> ┃   ` <i>``</i>		Nights Out	
Lease Payments			Insurance			CityNight		Nights Out	
Repairs & Maintenance			Repairs/Maintenance					Nights Out	
ricpan's & Maintenance			Other expenses:			City Nights Out			
Other:									
•									
•									
Other:	amounts listed to be	sure of accur		□ I consei	nt to have the IRS	discuss m	w tay raturn with my nra	narer	
Other:	ividends, and other	1099s. If you	received a	any 🗆 TIMELY	RECORDS must l	oe mainta	y tax return with my pre ined to support deducti nd when. Check if you ha	ons. Records mu	

Please sign\_