

2016 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 _____ e-mail _____

THINGS 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
 ▶ 1098 Forms for: mortgage interest · tuition · noncash contributions ▶ Health insurance (form 1095) ▶ Foreign account statements

FEDERAL STATE
 Last year I received refunds of: _____
 Last year I had to pay: _____

DEPENDENTS				
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

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)		
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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 2016			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 2016 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 _____

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 2016

▶ 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)

YES

PLEASE CHECK ALL APPLICABLE QUESTIONS

- _____ Are you being claimed as a dependent on another Tax Return?
- _____ Do any of your dependents have income over \$1050.00?
- _____ Did you change your marital status during the year? If yes, date _____
- _____ Did you pay any alimony/separate maintenance? If yes, \$ _____ Soc.Sec.# of person paid _____ - _____ - _____
- _____ Are you paying towards the support of a relative other than dependents claimed above, and if so, do they have less than \$4,050.00 in *taxable* income?
- _____ Did you have moving expenses for a move of 50 miles or more to a new job location?
- _____ Did you or your spouse become disabled or legally blind during the tax year?
- _____ Are you paying interest on a student loan? Interest paid in 2016 \$ _____
- _____ 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 at your home in 2016?
- _____ 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 2016, 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? _____
- _____ Did you receive combat pay in 2016?
- _____ Was your home mortgage forgiven in foreclosure or restructure? Bring the 1099-C or 1099-A.
- _____ Were you a home buyer in 2016, or did you refinance? Bring the settlement statement.
- _____ Do you own stock in an insurance firm that demutualized?
- _____ Did you receive a \$7,500.00 First Time Homebuyer Credit for a purchase in 2008?
- _____ Do you have foreign assets (including foreign held financial accounts)?
- _____ Do you have health insurance? Bring proof of insurance.

QUESTIONS YOU WOULD LIKE TO ASK _____

EMPLOYEE BUSINESS EXPENSE

Do you have any expense for your job which is not fully reimbursed, or the reimbursement is shown on your W-2, such as:

- › Use of your auto on the job (other than driving to and from work)
- › Mileage / Lodging / Food for education or job hunting
- › Temporary job assignment
- › Meals / Lodging while away from home overnight
- › Entertainment of Clients
- › Use of your home as office or for sample storage
- › Mileage to second job on same day
- › Advertising / Office Supplies / Postage

PURCHASE OR TRADE OF VEHICLE					
	Make	Year	Date Purchased	Cost	Cash to Boot
Present Auto					
Previous Auto					

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1. AUTOMOBILE EXPENSES		<i>If you take auto expense using optional mileage rates, complete lines 1 – 6</i>				
Check box if mfg. gross vehicle weight is 6000 lbs+		Vehicle 1 <input type="checkbox"/>	Vehicle 2 <input type="checkbox"/>	Vehicle 3 <input type="checkbox"/>		
1.	Total Miles Driven					
2.	Total Business Miles					
3.	Commuting Miles: Average daily round trip to job or first and last regular stop					
4.	Total Year Commuting Miles					
5.	Ending Odometer Reading (Dec. 31)					
6.	Parking & Tolls					
You may have a greater deduction using actual expenses. If so, fill in the following information:						
7.	Gas/Oil/Repairs/Tires/Lube/Wash/Tow					
8.	Licenses/Taxes/Ins/Auto Club/Garage					
9.	Lease Payments					
10.	Fair Market Value at time of Lease					
11.	Other					

2. TRAVEL AWAY FROM HOME	TAXPAYER	SPOUSE
Number of Nights Away from Home		
a. Airplane/Train/Cabs/Buses/etc.		
Auto Rental		
Cruise Ship Convention/Seminar		
Convention/Seminar Fees		
Lodging (actual costs)		
Laundry and Cleaning		
Other		
b. Meals & Tips (actual costs)		
3. OTHER BUSINESS EXPENSE	TAXPAYER	SPOUSE
a. Client Lunches/Beverages		
Entertainment/Tickets		
(Keep above totals separate from other costs)		
b. Business Ext. Phone + enhancements		
Long distance, fax, paging, cellular		
Commissions Paid		
Christmas Cards/Gifts		
Postage/Stationery/Supplies/Freight		
Dues/Subscriptions		
Tickets to qualified Charitable Events		
Other		

4. OFFICE IN HOME (if qualified to take deduction)	
Date Acquired Home	
Total Cost	
Cost of Land	
Cost of Improvements	
Square Footage of Home	
Square Footage of Office Area	
Rent Paid if you are Renter	
Interest	
Taxes	
Utilities/Garbage	
Insurance	
Repairs/Maintenance	
Casualty Loss (Nondeductible Amounts)	
Other	
Reimbursement Not Shown Anywhere Else	Part 1 - Vehicle 1
	Part 1 - Vehicle 2
	Part 2-a
	Part 2-b
	Part 3-a
Part 3-b	
Part 4	

CHECK LIST

Please check all information and amounts listed to be sure of completeness and accuracy to insure paying the least legal amount of tax.

Enclose all W-2s, Interest, Dividend and other 1099s. If you received any booklets, cards, labels, envelopes or correspondence from the IRS or state, please bring them.

Enclose Purchase/Sales/Contract Agreements or Closing Papers. **Dates are important!**

I consent to have the IRS discuss my tax return with my preparer.

TIMELY RECORDS must be maintained to support the above deductions. Records must indicate who, what, why, where and when.

Check if you have receipts or log:

I have reviewed this information and to the best of my knowledge it is true, correct and complete.

Please sign: _____

There are still some unlisted deductions for special situations and limitations to these deductions. During your appointment we will discuss them and answer your questions about income and deductions.

When complete, call for an appointment.