

# 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				
		Name First, Initial & Last	Social Security # (required)	Relationship	Birthdate	Grade
Last year I received refunds of: _____						
Last year I had to pay: _____						

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	Amount	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

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

<b>Purchase of product &amp; supplies for resale</b>		Freight-In: Shipping cost to receive product or materials, if not included in purchases
<b>Personal Use:</b> Actual cost of items in purchases used by you or your family		<b>Other-Costs</b> (describe)
<b>Cost of Labor</b>		<b>Inventory at End of Year</b>
<b>Purchase of Materials for Jobs:</b> (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	
Business Miles			Cost of Land	
Commuting Miles			Cost of Improvements	
Personal Miles			Sq. Footage of Home	
Jan. 1 2018 Odometer Beginning			Sq. Footage of Office Area	
Dec. 31 2018 Odometer Ending			Rent Paid (if you rent)	
Gas & Oil			Interest	
Interest			Taxes	
Tolls and Local Transportation			Utilities	
Lease Payments			Insurance	
Repairs & Maintenance			Repairs/Maintenance	
Other:			Other expenses:	

  

Lodging	
Airfare	
Auto Rental	
Taxi/Uber/Lyft/	
Bus/Train	
Meals (keep total separate from other costs)	
Other (incidentals, laundry, etc.)	
Convention Fees	
Travel (# of nights away)	
City _____	Nights Out _____
City _____	Nights Out _____
City _____	Nights Out _____
City _____	Nights Out _____

#### Final checklist for all four pages:

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