TAX DEDUCTION FINDER

Your Name				Soc. 9	Sec. No					
Spouse's Name										
				Home Phone						
				Work Phone						
•			vork Phone e-mail							
Address THINGS TO BRING: ▶ Last y	vaan'a watuum (if m	ou diant)	W 0 Forms	e-mai	l					
→ 1099 Forms for: i										
▶ 1098 Forms for:					in debi cane	mation. I	Curcinent			
	DERAL STAT				DENTO					
Last year I received refunds of:			Name	DEPEN	DEN 15 Numbei	of months	lived in your home			
Last year I had to pay:		First,	Initial & Last	Social Security #	Birthdate					
				(required)						
							\longrightarrow			
■ I want my refunds directly depo IRA (bring a voided che	osited into my ban	k,								
- (Sinig a voided one	ok / docount iiiio)									
INCOME (other than income sho	wn on W-2s)									
SOURCE	T/S/J	AMOUNT	SOURCE			T/S/J	AMOUNT			
INTEREST (Bring in 1099s or Statemen			DIVIDE	NDS (Bring in 1099s or	Statements)					
If Individual, list Name, Address & Soc.	Sec. #		Include	all tax exempt						
Include all tax exempt and Municipal Bo	onds									
Excludable Series EE Savings Bonds										
LINEMBLOVMENT (D 4000)	O1	THER INCOME N		ABOVE OR ON W-2						
UNEMPLOYMENT (Bring in 1099)				NAL INJURY AWARDS						
ALIMONY				DISABILITY/RETIREMENT IRA(Bring in 1099-R)						
COMMISSIONS/BONUSES				SECURITY (Bring in S	S A - 1 000)					
PRIZES/AWARDS/GAMBLING/LOTTE	RV			SECURITY (Bring in S						
JURY/ELECTION DUTY	111		_	AD RETIREMENT (Brir						
BUSINESS/FARM/RENTAL (Bring deta	nils)			AD RETIREMENT (Brir	,					
STOCK & PROPERTY SALES (Bring 1				DEBT CANCELLATION – BRING 1099-C or A						
Cost, Dates)										
PARTNER./CORP/ESTATE/TRUST (B				NON-TAXABLE INC						
SCHOLARSHIPS/FELLOWSHIPS, if no	ot on W-2			ANS PENSION/DISABIL						
STRIKE PAY				CHILD SUPPORT/ASSISTANCE						
PENSIONS (Bring in 1099-R)				WORKER'S COMPENSATION						
FOREIGN INCOME/ASSETS			_	OTHER (identify)						
HOBBY INCOME			OTHER	(identify)						
ESTIMATE PAYMENTS PAID IN/FOR		FEDERAL	A	Doto Doi	STA					
4th Qtr. Prior Year	Date Paid	Check #	Amour	nt Date Pai	d Check	#	Amount			
1st Qtr. This Year										
2nd Qtr. This Year										
3rd Qtr. This Year										
4th Qtr This Year		+		-						
RETIREMENT PLANS				II.						
If you or your spouse has an IRA, SEP.	, SIMPLE or Keogh	Retirement Plan,	list the amount	you have contributed fo	or 2013 and the da	ate of contril	oution.			
1 · · · · · · · · · · · · · · · · · · ·				-						
SEP You \$		Date				ate				
If amount listed is not the maximum, do	•				No		ļ			
Did you convert any funds from a regul- MEDICAL SAVINGS ACCOUNTS (MS			Spouse	\$						
Amount Contributed: You				wn for Qualified Expens	e.					
Amount of Insurance Deductible		of Plan: Single					ļ			

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

(Must exceed 10% of Adjusted Gross Income if

Net amount paid by

under age 65 and 7.5% if 65 or older.) 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

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.							
TOTAL:							
B. 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.							
C. Transportation / Travel for Volunteer Work							
Mileage							
Parking							
Out-of-pocket expenses (receipted)							

CASUALTY & THEFT LOSSES

(Must exceed 10% or Adjusted Gross Income)							
Date of Casualty	_ Date Acquired						
Kind of Property							
FMV Before	FMV After						
Cost plus improvements							
Insurance reimbursements							
Federally declared disaster area	? Yes No						
Ponzi-style Scheme Loss							

MISCELLANEOUS DEDUCTIONS

JOB EXPENSES: Job Supplies	
Job Hunting: Mileage / Travel (see pg. 4)	XXXXXXXXXXXX
Employment Agency Fees	
Phone / Résumé / Postage / etc.	
Job-related Education: Tuition / Fees	
Books / Supplies	
Workshops / Seminars	
Mileage / Food / Lodging (see pg. 4)	XXXXXXXXXXX
Malpractice Insurance	
Phone: Additional extension only, plus	
enhancements, long dist., fax, pager	
Professional Dues / Licenses	
Professional Journals / Trade Journals	
Safety Equipment	
Tools - Small	
Tools & Equipment - Depreciable	
Uniforms - Cost / Cleaning	
Union Dues / Initiation Fees	
INVESTMENT EXPENSE: Save Deposit Box	
Journals / Subscriptions	
Phone / Postage / Mileage	
Tax Preparation Fees / Tax Consultations	
IRA or Keogh Fees (paid separately)	
Credit / Debit Card Fees for Tax Payments	
OTHER:	
Gambling Losses	
Hobby Expenses	

CHILD and DEPEND	ENT CAR	E ► If you or your spouse p	aid for depe	ndent care to be gainfull	y 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:									
	ualeu your chiid	i care experises, you are required to	o snow the fol	iownig iiiiormation 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 2013					
► If more space is needed, atta	ch statement.	► You cannot take a c	redit for amo	unts paid to your depende	ent.					
EDUCATION CREDIT	S. DEDU	ICTIONS								
Tuition and required fees you paid for	•		ndary educati	on \$ Date p	aid					
Date education began	_	Student's Name								
Was the student enrolled at least half	time?									
veo Di	EASE CH	ECK ALL APPLICABLE	OUEST	IONE						
			L QUEST	IONS						
Are you being claimed as a										
Do any of your dependents										
		g the year? If yes, date								
	-	enance? If yes, \$ So	-	· · · · · · · · · · · · · · · · · · ·						
		relative other than dependents of	ciaimed abov	e, and it so, do they hav	e iess					
than \$3,900.00 in taxable		f 50:l t	:	.						
		ve of 50 miles or more to a new	-	,						
		or legally blind during the tax yo								
		? Interest paid in 2013 \$		bakan dataka						
 ' '		ther business equipment during								
		ecreational vehicle that has a toi		-	5 ?					
		on your Social Security # which	is reported (on another tax return?						
Do you have a non-collecti		-								
	•	es or property for other services								
		tions that are not listed? Bring	details.							
	•	rvices at your home in 2013?								
		any change in a prior year's tax								
	•	gnate \$3.00 to the Presidential	Election Fun	IQ [*] ?						
Taxpayer Spo				P						
		costs, attorney fees and/or other	-		option?					
		Was the adoption inte	ernational? _							
Did you receive combat pa	•									
	-	eclosure or restructure? Bring the								
	-	ou refinance? Bring the settlem	ent stateme	nt.						
Do you own stock in an ins										
		omebuyer Credit for a purchase	e in 2008?							
Do you have foreign assets										
QUESTIONS YOU WOULI	D LIKE TO AS	K								

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

Pre	evious Auto			Previous A	Auto				
1.	AUTOMOBILE EXPENSES	If you	take auto expe	ense usin	g optiona	al mileag	e rates, complete	lines 1	-6
Che	eck box if mfg. gross vehicle weight is 6000 lbs+	Vehicle 1 □	Vehicle 2		Vehicle	3 🗆			
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								
		greater deduction	using actual ex	rpenses. It	f so, fill in t	the follow	ing 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								
	TRAVEL AWAY FROM HOME	TAVDAVED	0001105	7 7	OFFICE	INLLIAN	F ('C C .		
2.	TRAVEL AWAY FROM HOME	TAXPAYER	SPOUSE	- 4.		uired Home	E (if qualified to tak	<u>ke aeat</u>	iction)
_	Number of Nights Away from Home Airplane/Train/Cabs/Buses/etc.			\dashv	Total Cos		,		
a.	Airpiane/Train/Cabs/Buses/etc.				Cost of La	-			
				-			.		
	Cruise Ship Convention/Seminar			_		nprovemen			
	Convention/Seminar Fees			_		ootage of F			
	Lodging (actual costs)			_	Square Footage of Office Area Rent Paid if you are Renter				
	Laundry and Cleaning			$\dashv \vdash$		if you are	Henter		
	Other			_	Interest				
b.	Meals & Tips (actual costs)				Taxes				
3.	OTHER BUSINESS EXPENSE	TAXPAYER	SPOUSE		Utilities/G	arbage			
a.	Client Lunches/Beverages				Insurance)			
	Entertainment/Tickets					1aintenanc			
(Ke	eep above totals separate from other costs)				Casualty Loss (Nondeductible Amounts)				
b.	Business Ext. Phone + enhancements				Other				
	Long distance, fax, paging, cellular						Part 1 - Vehicle 1		
	Commissions Paid						Part 1 - Vehicle 2		
	Christmas Cards/Gifts				Reimburs	ement	Part 2-a		
	Postage/Stationery/Supplies/Freight				Not Sho	own	Part 2-b		
	Dues/Subscriptions				Anywher	e Else	Part 3-a		
	Tickets to qualified Charitable Events				•		Part 3-b		-
	Other						Part 4		
P co ta E b	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. 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:								
F	nclose Purchase/Sales/Contract Agree	mante or Closino	Panere Dates	•					

are important!

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.