

INCOME & DEDUCTIBLE EXPENSES LIST: *Not all items will apply*

<p><u>Income:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> W-2's <input type="checkbox"/> Interest (1099-Int) & Dividends (1099-Div) <input type="checkbox"/> State Tax Refund From Last Year <input type="checkbox"/> Alimony – Received <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Pension and Annuities (1099-R) <input type="checkbox"/> Social Security Income <input type="checkbox"/> Other Income, Miscellaneous Income (1099-Misc) <input type="checkbox"/> Business Income (See Below) <input type="checkbox"/> Stock Sales- Orig Cost, Dates Bought & Sold (1099-B) <input type="checkbox"/> Rental Property (Income & Expenses) <input type="checkbox"/> Savings Bonds Cashed 	<p><u>Adjustments:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Tuition, Fees & Books for Higher Education (1098-T) <input type="checkbox"/> Child Care Expenses - (Need total paid per child, Providers Fed. Id or SSN & Address) <input type="checkbox"/> Student Loan Interest Paid (1098-E) <input type="checkbox"/> Moving Expenses - (Must be over 50 miles for work) <input type="checkbox"/> Alimony - Paid <input type="checkbox"/> IRA Contributions & Roth Contributions <input type="checkbox"/> HSA (Health Savings Account) Contributions <input type="checkbox"/> 529 Plan Contribution <input type="checkbox"/> HUD Settlement pages - if sold or refinanced your main home or rental home. <input type="checkbox"/> Long Term Care payments made per person
<p><u>Deductions:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Real Estate Taxes <input type="checkbox"/> Car Registration (Ownership Tax) <input type="checkbox"/> Home Mortgage Interest <input type="checkbox"/> Refinance or Home Purchase Settlement Papers <input type="checkbox"/> Charity Cash <input type="checkbox"/> Charity Donations (Use Donation Log on our website), bring receipts, (take pictures for your records) <input type="checkbox"/> Job Related Expenses Not Reimbursed (see below) <input type="checkbox"/> New Baby (Name, Birthday, Social Security Number) 	<p><u>Credits:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Child Care <input type="checkbox"/> Adoption <p><u>Payments:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Estimated Payments made to Federal & State. We need the amounts and dates paid <input type="checkbox"/> <u>NEW CLIENT ONLY:</u> BRING LAST YEARS TAX RETURN-There may be carry forward items that we need.

BUSINESS DEDUCTIONS:

TOTAL the following categories: *Not all items will apply*

<p><u>Income:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1099-Miscs <input type="checkbox"/> Gross Receipts (other than 1099-Misc) <p><u>Expenses:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Advertising <input type="checkbox"/> Miles: Type of Car, Date put in service (if new) <ul style="list-style-type: none"> <input type="radio"/> Business Miles <input type="radio"/> Commuting Miles <input type="radio"/> Personal Miles <input type="radio"/> Total Miles for the year (Beg.& End odometer) <input type="radio"/> Car Loan Interest <input type="checkbox"/> Commissions or Fees paid out <input type="checkbox"/> Large ticket items purchased in for business: Furniture; Equipment; etc. and Date Purchased <input type="checkbox"/> Business Insurance <input type="checkbox"/> Self Employed health insurance <input type="checkbox"/> Legal & Professional Services (including what you paid last year for tax preparation.) <input type="checkbox"/> Office Expenses <input type="checkbox"/> Rent – Equipment or Building <input type="checkbox"/> Supplies used in business <input type="checkbox"/> Taxes & Licenses <input type="checkbox"/> Travel – Hotel, Rental Car, Airfare <i>not travel meals</i> <input type="checkbox"/> Meals, Entertainment, <i>include travel meals</i> <input type="checkbox"/> Other Expenses: <ul style="list-style-type: none"> <input type="radio"/> Cell phone <input type="radio"/> Internet <input type="radio"/> Trade Education <input type="radio"/> ANY OTHER EXPENSE that may not fit in the above categories. 	<ul style="list-style-type: none"> <input type="checkbox"/> <u>Inventory:</u> If you have inventory we need: <ul style="list-style-type: none"> <input type="radio"/> Inventory at the beginning of the year <input type="radio"/> Total inventory purchases less cost of items withdrawn for personal use <input type="radio"/> Inventory at the end of the year <input type="checkbox"/> <u>NEW CLIENTS ONLY:</u> BRING LAST TWO YEARS TAX RETURNS-There may be depreciation or carry forward items that we will need. <p><u>Home Office For Home Based Business Or Employees Who Work At Home For The Convenience Of Their Employer:</u></p> <p>Space:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Total Finished Square Feet of home and total square feet of office. This is the percentage that determines your deductions on your home expenses. <input type="checkbox"/> Original cost of home <p><u>Deductible Home Expenses: We need TOTAL AMTS (based on percentage of use):</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Insurance <input type="checkbox"/> Mortgage Interest – if applicable <input type="checkbox"/> Real Estate Taxes – if applicable <input type="checkbox"/> Rent – if applicable <input type="checkbox"/> HOA <input type="checkbox"/> Utilities <input type="checkbox"/> Water <input type="checkbox"/> Trash <input type="checkbox"/> Repairs <input type="checkbox"/> Maintenance
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You do not need to supply all your records and receipts just TOTALS for each category.