

# 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: _____		Number of months lived in your home ▼				
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	SOURCE (include foreign accounts)	T/S/J	AMOUNT
INTEREST (Bring in 1099s or Statements)			DIVIDENDS (Bring in 1099s or Statements)		
If Individual, list Name, Address & Soc. Sec. #			Include all tax exempt		
Include all tax exempt and Municipal Bonds					
Excludable Series EE Savings Bonds					

### OTHER INCOME NOT INCLUDED ABOVE OR ON W-2 (see page 4 for self-employment & rental income details)

UNEMPLOYMENT (Bring in 1099)			PERSONAL INJURY AWARDS		
ALIMONY			DISABILITY/RETIREMENT		
TIPS			IRA(Bring in 1099-R)		
COMMISSIONS/BONUSES			SOCIAL SECURITY (Bring in SSA-1099)		
PRIZES/AWARDS/GAMBLING/LOTTERY			SOCIAL SECURITY (Bring in SSA-1099)		
JURY/ELECTION DUTY			RAILROAD RETIREMENT (Bring in RRB-1099)		
BUSINESS/FARM/RENTAL (Bring details)			RAILROAD RETIREMENT (Bring in RRB-1099)		
STOCK & PROPERTY SALES (Bring 1099, Cost, Dates)			DEBT CANCELLATION – BRING 1099-C or A		
PARTNER./CORP/ESTATE/TRUST (Bring K-1)			<b>NON-TAXABLE INCOME</b>		
SCHOLARSHIPS/FELLOWSHIPS, if not on W-2			VETERANS PENSION/DISABILITY		
STRIKE PAY			CHILD SUPPORT/ASSISTANCE		
PENSIONS (Bring in 1099-R)			WORKER'S COMPENSATION		
FOREIGN INCOME			OTHER (identify)		
HOBBY INCOME			OTHER (identify)		

ESTIMATE PAYMENTS PAID IN/FOR 2018			STATE		
Date Paid	Check #	Amount	Date Paid	Check #	Amount
4th Qtr. Prior Year					



**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)**

YES

**PLEASE CHECK ALL APPLICABLE QUESTIONS**

- \_\_\_ 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, \$ \_\_\_\_\_

## 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		<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>Returns/Refunds</b>	Amount included in gross that was refunded to your clients		
<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>		<b>Freight-In:</b> 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		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	
Jan. 1 2018 Odometer Beginning			Sq. Footage of Office Area		Meals (keep total separate from other costs)	
Dec. 31 2018 Odometer Ending			Rent Paid (if you rent)		Other (incidentals, laundrv, etc.)	

Gas & Oil			Interest		Convention Fees	
Interest			Taxes		Travel (# of nights away)	
Tolls and Local Transportation			Utilities		City _____ Nights Out _____	
Lease Payments			Insurance		City _____ Nights Out _____	
Repairs & Maintenance			Repairs/Maintenance		City _____ Nights Out _____	
Other:			Other expenses:		City _____ Nights Out _____	

**Final checklist for all four pages:**

<input type="checkbox"/> Check all information and amounts listed to be sure of accuracy. <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. <input type="checkbox"/> Enclose purchase/sales/contract agreements/closing papers. Dates are important!	<input type="checkbox"/> I consent to have the IRS discuss my tax return with my preparer <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. I have reviewed this information and to the best of my knowledge it is correct. Please sign _____
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