

# 2010 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

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	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	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)		

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 2010			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 2010 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

## 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

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.)		
Mortgage insurance paid (2007 or later purchase)		
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% 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__	
Ponzi-style Scheme Loss	

## MISCELLANEOUS DEDUCTIONS

JOB EXPENSES: Job Supplies		
Job Hunting: Mileage / Travel (see pg. 4)		XXXXXXXXXXXXXX
Employment Agency Fees		
Phone / Résumé / Postage / etc.		
Job-related Education: Tuition / Fees		
Books / Supplies		
Workshops / Seminars		
Mileage / Food / Lodging (see pg. 4)		XXXXXXXXXXXXXX
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		

**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 2010

▶ 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 -- Fresh., Soph., etc. \_\_\_\_\_

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 \$950.00?
- \_\_\_\_ Did you change your marital status during the year? If yes, date \_\_\_\_\_
- \_\_\_\_ Did you pay any alimony/separate maintenance? If yes, \$ \_\_\_\_\_ Soc.Sec.# or person paid \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- \_\_\_\_ Are you paying towards the support of a relative other than dependents claimed above, and if so, do they have less than \$3,650.00 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?
- \_\_\_\_ Did you purchase a new hybrid/alternative fuel vehicle in 2010? Make & year \_\_\_\_\_ Date purchased \_\_\_\_\_
- \_\_\_\_ Are you paying interest on a student loan? Interest paid in 2010 \$ \_\_\_\_\_
- \_\_\_\_ Did you purchase classroom materials as an educator? If yes, \$ \_\_\_\_\_
- \_\_\_\_ 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 2010?
- \_\_\_\_ 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 2010, 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 2010?
- \_\_\_\_ Was your home mortgage forgiven in foreclosure or restructure? Bring the 1099-C or 1099-A.
- \_\_\_\_ Were you a home buyer in 2010? Bring the settlement statement.
- \_\_\_\_ Do you own stock in an insurance firm that demutualized?
- \_\_\_\_ Did you buy and install qualified energy saving improvements in your home in 2010? If so, bring details.
- \_\_\_\_ Did you receive a \$7,500.00 First Time Homebuyer Credit for a purchase in 2008?

# 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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	Make	Year	Date Purchased	Cost	Cash to Boot
Present Auto					
Previous Auto					

1. AUTOMOBILE EXPENSES <i>If you take auto expense using optional mileage rates, complete lines 1 – 6</i>					
<i>Check box if mfg. gross vehicle weight is 6000 lbs+</i>					
	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					
<i>You may have a greater deduction using actual expenses. If so, fill in the following information:</i>					
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 <i>(if qualified to take deduction)</i>	
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	
<b>Reimbursement Not Shown Anywhere Else</b>	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.**