

## DEDUCTION CHECKLIST

*\*Please bring this signed form with you to your tax preparation appointment\**

Do you receive our emails? \_\_\_\_\_ If not, please enter below:

---

Have any name changes? Any additional children/dependents to add? We need name, DOB and SS.

**MEDICAL EXPENSES, to the extent they exceed 7.5% of your income** (health insurance premiums, long term care premiums, co-pays, deductibles, prescriptions, dental insurance, dentists, x-rays, medical appliances, etc) . Miles driven for medical expenses \_\_\_\_\_

### **MORTGAGE INTEREST AND POINTS PAID ON HOME**

Amount of mortgage interest \_\_\_\_\_

Amount of equity interest \_\_\_\_\_

**TAXES PAID IN 2020:** (real estate, \_\_\_\_\_ personal property \_\_\_\_\_)

### **CHARITABLE CONTRIBUTIONS**

Cash \_\_\_\_\_ \*must have receipts for cash/check donations

mileage driven for charity \_\_\_\_\_

Other than cash donations \_\_\_\_\_ \*donations must be in good or better condition

**2020 PREPAID TUITION OR 529 PLAN CONTRIBUTIONS:** \_\_\_\_\_

**STUDENT LOAN INTEREST** \_\_\_\_\_ **TEACHERS EDUCATOR EXPENSES** \_\_\_\_\_

**2020 IRA CONTRIBUTIONS: TAXPAYER** \_\_\_\_\_ **SPOUSE** \_\_\_\_\_ **ROTH or TRAD?**

**ALIMONY INCOME** \_\_\_\_\_

**ALIMONY PAID** \_\_\_\_\_

Taxpayer \_\_\_\_\_ date \_\_\_\_\_

Spouse \_\_\_\_\_ date \_\_\_\_\_