



CPA Tax Advisors

Helping You Keep What You Earn...

Personal Tax Deductions

Your Name _____ Spouse Name _____
 Birthdate _____ S.S. # _____ Birthdate _____ S.S.# _____
 Occupation _____ Occupation _____
 Home Address _____
 City _____ State _____ Zip _____ Telephone _____
 County _____ School District _____

1. First name of dependent children who lived with you, their Social Security Number and Birthdates. Social Security Numbers are required on all dependents. (if NOT previously supplied)

Name	Social Security No.	Birthdate	Under age 17? Y/N	College Student? Y/N
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Names of dependent children who did not live with you and their Social Security Numbers.

3. Income: Wages & Salaries W-2 Y/N If so, please **ATTACH** W-2's
 Did you receive unemployment? Y/N If so, please **ATTACH** 1099-G
 Did you receive Social Security? Y/N If so, please **ATTACH** 1099-SSA
 Did you receive a pension? Y/N If so, please **ATTACH** 1099-R
 Did you receive an IRA Distribution? Y/N If so, please **ATTACH** 1099-R
 Did you receive interest? Y/N If so, please **ATTACH** 1099-INT
 Did you receive dividends? Y/N If so, please **ATTACH** 1099-DIV
 Did you sell Stocks/Bonds? Y/N If so, please **ATTACH** 1099-R (with purchase date and cost info)
 Did you receive any other income? (Jury duty, lottery, alimony, state refund, other, explain). **ATTACH** all 1099's

Description	Amount	Description	Amount
_____	\$ _____	_____	\$ _____

• **Date and amount of each estimated tax payment.**

Date _____ \$ _____ Date _____ \$ _____ Date _____ \$ _____ Date _____ \$ _____

• Bank routing number _____ Account No. _____ Bank _____

4. There are credits/deductions for any of the following: purchase of a home, truck, auto, motorcycle, motorhome, boat, skylights, building material for your home, windows, outside doors, high efficiency furnace, water heater, and central air. Please provide proof of purchase for any of these items you've purchased last year.

5. Medical and Dental Expenses. (NOT reimbursed by insurance). \$ _____

6. **Did you sell your personal residence during the current year?** Y/N If yes, provide closing documents for purchase and sale

7. **Real Estate Taxes paid** in tax year \$_____. Main HOUSE

8. **Real Estate Taxes paid for SECOND House** \$_____.

9. **Interest paid: Attach Forms 1098 (if Paid to an individual complete the following)**

a. **Home** mortgage paid to (name of individual) _____ \$_____

Address _____

Social Security number _____ Interest _____ PMI _____

b. Did you refinance your mortgage? If so, please attach **closing documents**.

10. **Charitable Contributions-CASH OR CHECK – receipts, not Checks, are required for contributions of \$250.00 or more for all contributions.**

TOTAL Amount \$_____

Did you contribute clothes or other non-cash items to the Church, Salvation Army or Goodwill? \$_____ (Receipt Required).

If over \$250.00, list each item, value or cost, date purchased, and method used to arrive at value. (List separately)

Miles driven for Non-Profit Organization work: _____ miles. Community Foundation, homeless shelter or food bank \$_____

11. **Adjustments to Income: Did you have any of the following?**

Were you a K-12 Educator? Y/N If so, please provide out of pocket classroom cost.

Did you have a Health Savings Account? Y/N If so, please provide Form 8889, 1099-SA

Did you contribute to a retirement plan? Y/N If so, type of plan (i.e.: IRA, SEP etc.) Amount \$_____

Did you pay a penalty for early withdrawal of savings? Y/N If so, Amount Paid \$_____

Did you pay any self-employment Health Insurance Premium Y/N If so, Amount Paid \$_____

12. **Child Care**

Were there child care expenses while husband and wife both worked and were services performed inside your home?

Yes_____ No_____ Form W-9 should be on file

Name (Who Provided Care) Address Identification No. Amount Paid

_____ \$_____

_____ \$_____

_____ \$_____

13. **Provide proof of Health Insurance Coverage, if covered for only a portion of the year, provide proof of Health Insurance coverage for months covered. Form 1095-A (if any)(Healthcare.gov/Obamacare)** _____