

CWP & Associates, PC

DEDUCTIONS CHECKLIST Tax Year _____

QUARTERLY ESTIMATES PAID FOR TAXES

	<u>AMOUNT</u>	<u>DATE PAID</u>
Federal (1)	\$ _____	____/____/____
2	\$ _____	____/____/____
3	\$ _____	____/____/____
4	\$ _____	____/____/____
State (1)	\$ _____	____/____/____
2	\$ _____	____/____/____
3	\$ _____	____/____/____
4	\$ _____	____/____/____

MEDICAL, DENTAL, OPTICAL

Dental & or Optical Insurance Premiums	\$ _____
Medical Insurance Premiums	\$ _____
Rx Drugs	\$ _____
X-Rays	\$ _____
Medical Mileage	\$ _____
(Don't forget after tax insurance premiums that are deducted from your pay at work)	
Long-Term Care Insurance Premium	\$ _____

TAXES

Primary Residence taxes	\$ _____
STATE EQUALIZED VALUE	\$ _____
TAXABLE VALUE	\$ _____
Other Property Taxes	\$ _____
Auto License tags* (car registration)	\$ _____
1984 and newer cars only	
Sales tax paid on motor vehicle & boat	\$ _____
Other taxes paid _____	
Type _____	

JOB RELATED CHILD CARE COSTS INFORMATION

Amount paid during _____	\$ _____
Child Care provider _____	
Social Security or Federal Id Number _____	
Address _____	

JOB SEEKING EXPENSES OR COSTS

Job seeking expenses	\$ _____
Job seeking travel cost	\$ _____
Job seeking mileage _____	_____ miles
Job seeking must be in present line of work.	

JOB RELATED EDUCATION

Must be required by an employer, law, or must maintain or improve your skill in your present job. You must be in the present line of work.

Tuition/Seminars	\$ _____
Books/fees	\$ _____
Education Miles, Job>School	_____ miles

GAMBLING LOSSES

If you had gambling income	\$ _____
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Alimony Payments	\$ _____
Child Support	\$ _____
IRA Contributions	\$ _____
IRA/Pension Rollover	\$ _____
KEOGH Contributions	\$ _____
SEP Contributions	\$ _____

INTEREST

Primary Home Mortgage	
Vacation Home Mortgage	
Home Equity Loan	
Loans for Investments or Business	
*If paid to an individual, List:	
Name _____	
Address _____	

Social Security Number _____	

CONTRIBUTIONS

Checks and payroll deductions	
Michigan contributions	
See #17 and list here: Do not include amount in other totals	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Charity Mileage _____ miles
 clothing, etc., given \$ _____
 *If no cash given exceeds \$500, list the items, name of charity, date of donation, and value of items donated. If you donated an auto, bring in 1098C

EDUCATOR EXPENSES

Teachers and other educators can deduct up to \$250 out of pocket expenses spent on classroom education \$ _____

EDUCATION CREDITS

Tuition, fees, books & computer equip., paid for self, spouse, or dependent \$ _____

RENTERS CREDITS

Landlord _____
Address _____
City, State, Zip Code _____
Monthly Rent _____
Number of months rented _____

MICHIGAN USE TAX

If you purchased items from Out-of-State companies that did not collect Michigan Sales Tax, you must pay a Michigan Use Tax. List the items and cost: _____

