**CHECKLIST**

**RENTAL PROPERTY:**

Keys Mortgage Statements Utilities

Condo/PUD Fees Yard Work Mileage/Travel

Management Fees Termite Treatment Expense Other

**DEDUCTIONS/CREDITS TO INCOME:**

Self-employed Health Insurance IRAs/SEPs Student Loan Interest

Medical Savings Account Teacher Expense Child Tax Credit

Penalty on Early Withdrawal of Savings Foreign Tax Paid Adoption Expenses

American Opportunity/Lifetime Learning Expenses/Need 1098-T, Book expenses

Total Alimony Paid: Must have name and Social Security number of recipient, and amount paid.

Child Care/Day Care Credit: Must have name, address, Social Security number or EIN of provider, and amount paid.

**ESTIMATED TAXES PAID:**

Date payment was made, and the amount paid for each Federal and State quarterly tax estimate.

**ITEMIZED DEDUCTIONS:**

**MEDICAL**

Medical & Dental bills Prescriptions Glasses/Contact Lenses

Out-of-pocket expenses Medical miles Lab fees

Hearing Aids Medical/dental/long term care insurance

**PROOF OF INSURANCE**

**TAXES:**

Prior year state tax paid City/local tax Sales Tax

Real estate tax (bring copy) Personal property tax Other

**CHARITABLE CONTRIBUTIONS:**

Church Boy/Girl Scouts United Way/CFC

March of Dimes American Heart Easter Seals

Red Cross MDA/MS YWCA/YMCA

Salvation Army Foodbanks Payroll deductions

Out-of-pocket Volunteer Expenses Charitable miles Documentation

List and Fair Market Value of household goods and clothing items given to Charitable Organizations.

**ENERGY:**

Solar/geothermal