DEDUCTION CHECKLIST FOR 2024

QUARTERLY ESTIMATES PAID (PLEASE INCLUDE CANCELED CHECKS OR BANK STATEMENTS TO PROVE THIS) Amount Date Paid Federal 1st Q \$	CONTRIBUTIONS (must have receipts for all contributions) Total of all cash and checks \$ Total value of non-cash \$ Name of Charity Address Date of Contribution// Total \$ amount of non-cash donation \$ Please list on separate paper for more than one Charitable Mileage Miles
MEDICAL, DENTAL, OPTICAL	MISCELLANEOUS
Prescriptions \$ Health ins Premiums (after tax) \$ Doctor, Dentist, Hospital \$ Eye Glasses, Contacts \$ Medical Miles	College Tuition \$ \$ Dates Paid/ Names of Colleges
Primary Residence Paid \$ Primary Residence Amount Due \$ Taxable Value \$ Other property taxes \$ Describe Auto License Tags \$ Sales Tax on Large Purchases \$ Describe	For whom tuition was paid
INTEREST (paid out)	Gambling Losses to the extent of winnings \$ Student loan forgiveness amount \$
Home Mortgage \$ 2 nd Mortgage \$ PMI \$	
Home Equity Loan \$ Points Paid \$ Date Points Started/ Land Contract Interest \$ List to whom paid (A 1099 INT must be issued to them)	Internet Purchases that excluded Sales Tax \$ Mail Order Purchases that excluded Sales Tax \$