



Deductions & Credits

First Name:		Middle Initial:		Last Name:		Calendar Year:	
Do you have an Identity Protection Pin from the IRS:				Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, please inform your preparer verbally.		
This tax year, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency:							Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you have health insurance from the Federal Marketplace (if yes you would have a 1095-A):							Yes <input type="checkbox"/> No <input type="checkbox"/>

TAX DEDUCTIONS [list the amounts where applicable]

Your total must exceed your standard deduction to affect the return. Also, there is an additional cost for itemizing your tax return.

1.	Did you have any cash gifts to charities (if yes, enter dollar amount):	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
2.	Did you have any property gifts to charities (if yes, enter dollar value):	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
3.	Did you have any vehicle mileage going to the charities (if yes, enter miles):	Yes <input type="checkbox"/> No <input type="checkbox"/>	mi
4.	Did you pay out-of-pocket for any medical or dental care (if yes, enter amount):	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
5.	Did you have any sever loss due to fire, theft, or flood (if yes enter amount):	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
6.	Do you have any investment accounts (provide 1099 or earnings statement):	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.	Did you contribute to an IRA outside of a 401k (provide 1099):	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.	Did you pay any Student Loan interest (1098-E):	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.	Are you or your spouse a full-time teacher:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9b.	If Yes, list the total amount of expenses you incurred supporting the profession:		\$
10.	Did you receive a First Time Home Buyers credit in 2008:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.	If you own a home, but do not have a 1098 Mortgage Interest statement, please enter the amounts paid for:		
11a.	•Real estate / Property Tax		\$
11b.	•Homeowners insurance		\$
12.	Did you pay State or Local income tax last year (if you filed with DWC, please skip)	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
13.	Did you have employment under any of the following:		
	•Armed Forces Reservists	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	•Performing Arts	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	•State or Local Fee-Based Official	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	•An Impaired Employee	Yes <input type="checkbox"/> No <input type="checkbox"/>	
14.	If you are active-duty military, did you move for your job:	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
15.	Did you pay alimony (if yes, list the total amount for the tax year):	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$

TAX CREDITS [please list the amount if applicable] *Note: Tax Credits can lower your tax liability and/or increase your tax refund.*

1.	Did you pay any Higher Education expense (Form 1098-T):	Yes <input type="checkbox"/> No <input type="checkbox"/>	
1b.	If yes, enter the years in school and any additional cost incurred last year:	yrs	\$
2.	Did you make any energy efficient home improvements. If you did, list the item that was improved and the cost you incurred:		\$
3.	Did you adopt a child:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.	Did you pay for any childcare of your dependent: (If yes, separately you will provide the caretaker's Name, Address, & Tax ID)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.	Did you contribute to an HSA or MSA separate from your employer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.	If you bought an Electric Vehicle list the make, model, and cost.		\$