20**2**1 TAX DEDUCTION FINDER

Spouse's Name						Soc. Sec. No	o		
Your Occupation			th						
Spouse's Occupation									
Address	vidends · soc. s terest · tuition ·	sec. · unemp student loai	loymer intere	nt · self-e est · auto	mploym /boat do	ent - debt ca onations → I	ncellation · I	retirement · ince (form 1	HSA/MSA 1095)
						DEPEND	DENTS		
	DERAL STA		Nam						l in your home 🕶
Last year I received refunds of:		—— Fir	st, Initia	l & Last		al Security # required)	Relationship	Birthdate	e Grade
Last year I had to pay:									
☐ I want my refunds directly deposited into my bank, IRA (bring a voided check / account info)									
INCOME (other than income sho	wn on W-2s)								
SOURCE (include foreign income)	WII OII W-23) T/S/J	AMOUN	т	SOURCE	E (include f	oreign income)		T/S/J	AMOUNT
INTEREST (Bring in 1099s or Statemen						ng in 1099s or S	Statements)		
If Individual, list Name, Address & Soc.	Sec. #			Include	all tax ex	empt			
Include all tax exempt and Municipal Bo	onds								
Excludable Series EE Savings Bonds									
	E NOT INCLUDED	ABOVE OR O	N W-2	(see page	4 for sel	f-employment	& rental incor	ne details)	
UNEMPLOYMENT (Bring in 1099)						JRY AWARDS			
ALIMONY						IREMENT			
TIPS						s (Bring all 109			
COMMISSIONS/BONUSES						TY (Bring in SS			
PRIZES/AWARDS/GAMBLING/LOTTE	RY					TY (Bring in SS			
JURY/ELECTION DUTY						REMENT (Bring	-	_	
PARTNER./CORP/ESTATE/TRUST (BI STOCK & PROPERTY SALES (Bring 1						REMENT (Bring ATION – BRING)	
Cost, Dates)						TOCURRENCY			
SCHOLARSHIPS/FELLOWSHIPS, if no	ot on vv-2				NON-	TAXABLE INC	OME		
STRIKE PAY	A)			VETER/	ANS PEN	ISION/DISABILI	ITY		
BUSINESS/FARM/RENTAL (details on FOREIGN INCOME	page 4)			CHILD S	SUPPOR	T/ASSISTANCE			
HOBBY INCOME						//PENSATION			
OTHER INCOME (please specify)						timulus") AMOL			
1 7/	l l			CHILD	TAX CRE	DIT ADVANCE	PAYMENT TO	TAL (bring IRS	S Letter 6 419)
ESTIMATE PAYMENTS PAID IN/FOR	2021	FEDERAL				I	ST	ATE	
	Date Paid	Check #		Amour	nt	Date Paid	I Chec	k #	Amount
4th Qtr. Prior Year									
1st Qtr. This Year									
2nd Qtr. This Year									
3rd Qtr. This Year									
4th Qtr This Year									
RETIREMENT PLANS									
If you or your spouse has an IRA, SEP,	· ·		,		,				
1						oouse \$			
						oouse \$ oouse \$			
SIMPLE You \$		Date _				ouse \$			
If amount listed is not the maximum, do	you want to contri	ibute the maxim	ium ded	luctible am	ount?	Yes			
Did you convert any funds from a regula					ıse \$				
MEDICAL SAVINGS ACCOUNTS (MS					, .				
Amount Contributed: You Amount of Insurance Deductible									
dark of modifice beductible	тур	on idii. Oilig			: aii	y			

Your Name_____ Soc. Sec. No._____

ITEMIZED DEDUCTIONS & ADJUSTMENTS TO AGI

		Net amount paid by CONTRIBUTIONS (receipts from the		
MEDICAL EXPENSES		you NOT PRETAX A. Cash Contributions for which you have	ve receipts, can	nceled
Medical Insurance Premiums: Payroll Dec	duction	checks, payroll deductions, etc.		
Paid directly I	by you			
Medicare B/C/D deducted from Social Secu	urity			
Dental Insurance				
Long Term Care Insurance				
	Mileage			
Alcohol or Drug Addiction Therapy				
Ambulance				
Anesthesiology				
Child Birth Class				
Doctors, Dentists, Chiropractors, etc.				
Eye Glasses, Contact Lenses, Exams				
Hearing Aid, Batteries, Repairs				
Hospitals				
Insulin				
Laser eye surgery				
Lodging (limited to \$50/day per person)		B. Direct Charitable Distribution from IRA	(QCD)	
Parking			· · · /	
Prescribed Medical Attire				
(support hose, shoes, etc.)		C. Non-cash items: Fair market value or gara	age sale price	
Prescribed Medical Equip: Cost/Rental		on clothing, furniture, appliances, etc. Give		
Prescribed weight loss program		item and value (if over \$500, bring detailed in	-	
Prescriptions (not over-the-counter)		and receipts.) Autos, boats, airplanes bring		
Required nursing home care		and receipts.) Autos, boats, airpianes bring	1090-C.	
Special Schooling for Mentally or		D. Transportation / Travel for Volunteer V	Mork	
Physically Handicapped		Mileage	VOIK	
Other		Parking		
Other	+	Out of pocket expenses (receipted)		
		Cat of pooret expenses (receipted)		
TAVES		CASUALTY & THEFT LOSSES		
TAXES		(Must exceed 10% of Adjusted Gross Inco		
Real Estate: Home		(See page 4 for business casualty and the	eff losses)	
2nd Home		Date of Casualty Da	ate Acquired	
Other			ow Destroyed	
Personal Property		FMV Before FN	//V After	
Auto / Truck Tabs		Cost plus improvements		
Sales Tax on New Vehicle		Insurance reimbursements		
Other Sales Tax Paid (from receipts)		Federally Declared Disaster Area?Y	N	bring details
			_	
		OTHER ITEMIZED DEDUCTION	S	
INTEREST		Gambling Losses		
Home Mortgage (paid to financial institution	า)	Disabled person's impairment related		
Bring in Form(s) 1098		non-reimbursed employee expenses		
Home Mortgage (paid to individual)				
List Name, Social Security Number & Ad	dress	ADJUSTMENTS TO AGI		
		Classroom materials for educators		
2nd Home Mortgage (paid to financial instit	tution)	Payments to HSA/MSA (taxpayer)	s	ee page 1 for details
2nd Home Mortgage (paid to individual)	ŕ	Payments to HSA/MSA (spouse)		ee page 1 for details
List Name, Social Security Number & Ad	dress	Taxpayer payments to an IRA: Regular D		
		SEP □, SIM		see page 1 for details
Home Equity Loan: Bring in Form(s) 1098		Spouse payments to an IRA: Regular	-	
Points (bring closing papers if purchased the	nis yr.)	SEP □, SIM		ee page 1 for details
Have you refinanced above properties this		Penalty for early withdrawal of savings		
If yes, bring closing papers.	•	Alimony paid (include recipients SS# and date	of divorce)	
y		Self employed health insurance premiums		
Investment Interest (provide details)		Student loan interest (form 1098-E)		
. ,		. ,		

Were the Dependent Care service Were you reimbursed by your emp	s performed ployer for child	in your home? Yes No_ d care: Yes No If so	 o \$ Ar	mount forfeited, if any	\$
Even though your reimbursement equ					
Name(s) and Age(s)					
of Dependents					
Name(s) of Individual/Organization	Address:	Number, Street		Social Security or	Amount Paid
Who Provided Care	Addices.	City, State & Zip		Employer ID Number	In 2021
► If more space is needed, attac	h statement	► You cannot take	a credit for amount	ts paid to your depend	ent
•			a create for amount	is paid to your depend	ent.
EDUCATION CREDIT	-			•	
Tuition and required fees you paid for	-				
Date education began		Student's Name	/ Cn / Cnn dunts	Degree Program? Yes	No
Was the student enrolled at least half ti	me?	rear in School Fr / So / Jr /	/ Sr / Graduate	(please bring 1098-T)	
YES PL	EASE CH	IECK ALL APPLICAI	BLE QUESTIC	ONS	
Are you being claimed as a	dependent o	on another Tax Return?			
Do any of your dependents	have earned	I income or investment incom	ne? Bring details for	or each dependent.	
Did you change your marita	al status durin	ng the year? If yes, date			
Are you paying towards the	support of a	relative other than depender	nts claimed above,	and if so, what is the	ir taxable income?
		d or legally blind during the ta	=		
		other business equipment du			
		recreational vehicle that has a		-	s?
-		t on your Social Security # wh	nich is reported on	another tax return?	
Do you have a non-collectib			_		
		es or property for other servi			
		ctions not mentioned in this c	-	etails.	
	=	ervices as an employee at yo		-4:	
		any change in a prior year's	-		
	-	signate \$3.00 to the Presiden			
		rt costs, attorney fees and/or Was the adoption			
		was the adoption	international:	Opecial Needs	Offilid:
		n? Bring the 1099-C and/or 1	099-A		
	-	d you refinance? Bring the s		nt.	
Did you distribute/spend fur		•			
		avings plan (for yourself or ot	hers) If ves how	much in 2021 ?	
-		29 plan in 2021? Bring form			
-		e for a child under the age of			· · · · · · · · · · · · · · · · · · ·
individual of any age? If ye			.,	J	, , , , , , , , , , , , , , , , , , , ,
		— operty Tax Statement for you	r principal residenc	ce? Is it paid?	_
		Homebuyer Credit for a purch			
Do you have foreign accour	nts or assets?	r billig details.			
Do you have foreign accour		ryptocurrency (a.k.a. virtual c	currency)? Bring d	etails.	

BUSINESS / RENTAL / FARM INCOME & EXPENSES

Name of Business (if						_Federal ID# (i	i aiiy)		
Address of Business/	· · · · ·								
Product Sold or Servi	ice Perform	ed							
				Incomo					
C C.l /B :	Include all incom	o oven if not		Income	uin - all 1000 faun	Da		h	
Gross Sales/Receipts	reported on forr	•		Bring <u>all</u> 1099 forms. Do your records agree with the					
Returns/Refunds	Amount include				reported as non-employee compensation? Y N • Did you receive \$10,000 in actual cash from any individual				
	was refunded to	•		any one time (or cumulative) during the year?					
Other Income	Directly related	o your business			my one time (or ex	amaiative, aaring til	ic year.		
Pandemic Related Loar	ns/Credits: PF	P Loan Total: 9	 S						
PPP Loan Amount				n: \$	Employee	Retention Credits: 5	\$		
					- ' '				
Sala	of Equipm	ont Mac	hinary	Land Ruil	dinas Hald	for Rusiness	Hea		
Sale of Equipment, Mach			Date Sold	Gross Sales Pri					
Killa di Fropei	Ly	Date Acqui	ieu	Date 3010	GIOSS Sales FII	Lxperises of	Jaie	Original Co	
-					_ I	I	I		
*Purchase of Product & Supp *Cost of Labor:	olies for Resale:				ventory at End of Year				
*Purchase of Materials for Jo	her			How did you arrive at your inventory value? Actual Cost ☐ Other (explain): Promotional Use: Cost of inventory used for marketing: \$					
*Other-Costs (describe):)DS:		Personal Use: Cost of inventory used for marketing: \$						
Do not list the same expense	in more than one	category		i cisonai osci	cost of inventory a	sea by yoursen or raini	.,,, ү		
		,	Oth	er Expense	c				
			- Otti					1	
Advertising/Promotion			Repairs & Maintenance						
Commissions & Fees Contract Labor			Supplies						
Employee Benefits			Taxes Business Meals						
Insurance			Gifts						
Business Loan Interest				Utilities					
Legal & Professional Fees				Wages (pa	id to employees)				
Office Expenses			Equipment (describe items/costs on separate list)						
Pension/Profit Sharing (employees only)			Other:						
				Business R	elated Casualty or T	heft Losses?Y	N (bring det	ails)	
							ravel		
	Expenses		C	Office in Ho	me	Т	Iavci		
Rent	Expenses Vehicle	#1 Vehicle #2		Office in Ho		T dging	iavei		
Rent		#1 Vehicle #2		quired Home	Lo		Tavei		
Automobile		#1 Vehicle #2	Date Ac	quired Home	Lo Aiı Au	dging rfare ito Rental	lavei		
Automobile Total Miles Business Miles Commuting Miles		#1 Vehicle #2	Date Acc Total Co Cost of I	quired Home ost Land Improvements	Lo Air Au Ta	dging fare ito Rental xi/Uber/Lyft	lavei		
Automobile Total Miles Business Miles Commuting Miles Personal Miles	Vehicle	#1 Vehicle #2	Date Acc Total Co Cost of I Cost of I Sq. Foot	quired Home sst Land Improvements cage of Home	Lo Air Au Ta Bu	dging fare ito Rental xi/Uber/Lyft s/Train	lavei		
Automobile Total Miles Business Miles Commuting Miles Personal Miles Jan. 1 2021 Odometer Beg	Vehicle	#1 Vehicle #2	Date Acc Total Co Cost of I Cost of I Sq. Foot	quired Home sst Land Improvements cage of Home cage of Office Area	Lo Air Au Ta Bu Mr	dging fare ito Rental xi/Uber/Lyft s/Train			
Automobile Total Miles Business Miles Commuting Miles Personal Miles Jan. 1 2021 Odometer Beg Dec. 31 2021 Odometer Er	Vehicle	#1 Vehicle #2	Date Acc Total Co Cost of I Cost of I Sq. Foot Sq. Foot Rent Pai	quired Home sst Land improvements cage of Home cage of Office Area id (if you rent)	Lo Air Au Ta Bu Mr	dging ffare ito Rental xi/Uber/Lyft s/Train eals her (incidentals, laund			
Rent Automobile Total Miles Business Miles Commuting Miles Personal Miles Jan. 1 2021 Odometer Beg Dec. 31 2021 Odometer Er Gas & Oil	Vehicle	#1 Vehicle #2	Date Acc Total Co Cost of I Cost of I Sq. Foot Sq. Foot Rent Pai	quired Home sst Land improvements cage of Home cage of Office Area id (if you rent)	Lo Air Au Ta Bu Mr. Ot Co	dging ffare ito Rental xi/Uber/Lyft s/Train eals her (incidentals, laund invention Fees	ry, etc.)		
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Rent Automobile Total Miles Business Miles Commuting Miles Personal Miles Jan. 1 2021 Odometer Beg Dec. 31 2021 Odometer Er Gas & Oil Interest Tolls and Local Transportation	Vehicle	#1 Vehicle #2	Date Acc Total Co Cost of I Cost of I Sq. Foot Sq. Foot Rent Pai Interest Taxes Utilities	quired Home sst Land Improvements cage of Home cage of Office Area id (if you rent)	Lo Aii Au Ta Bu Mi Ot Co Tri	dging ffare ito Rental xi/Uber/Lyft s/Train eals her (incidentals, laund invention Fees	ry, etc.)	ts Outts Out	
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Rent Automobile Total Miles Business Miles Commuting Miles Personal Miles Jan. 1 2021 Odometer Beg Dec. 31 2021 Odometer Er Gas & Oil Interest Tolls and Local Transportation Lease Payments	Vehicle	#1 Vehicle #2	Date Acc Total Co Cost of I Cost of I Sq. Foot Sq. Foot Rent Pai Interest Taxes Utilities Insuranc Repairs/	quired Home sst Land Improvements cage of Home cage of Office Area id (if you rent)	Lo Aii Au Ta Bu Mi Ot Co Tri C C C C C C C C C C C C C C C C C C C	dging fare ito Rental xi/Uber/Lyft s/Train eals her (incidentals, laund invention Fees avel (# of nights away) ity	ry, etc.) Nigh Nigh	ts Out	
Rent Automobile Total Miles Business Miles Commuting Miles Personal Miles Jan. 1 2021 Odometer Beg Dec. 31 2021 Odometer Er Gas & Oil Interest Tolls and Local Transportation Lease Payments Repairs & Maintenance	Vehicle	#1 Vehicle #2	Date Acc Total Co Cost of I Cost of I Sq. Foot Sq. Foot Rent Pai Interest Taxes Utilities Insuranc Repairs/	quired Home sst Land Improvements cage of Home cage of Office Area id (if you rent)	Lo Aii Au Ta Bu Mi Ot Co Tri C C C C C C C C C C C C C C C C C C C	dging fare ito Rental xi/Uber/Lyft s/Train eals her (incidentals, laund invention Fees avel (# of nights away) ity ity ity	ry, etc.) Nigh Nigh	ts Out ts Out	
Rent Automobile Total Miles Business Miles Commuting Miles Personal Miles Jan. 1 2021 Odometer Beg Dec. 31 2021 Odometer Er Gas & Oil Interest Tolls and Local Transportation Lease Payments Repairs & Maintenance	Vehicle	#1 Vehicle #2	Date Acc Total Co Cost of I Cost of I Sq. Foot Sq. Foot Rent Pai Interest Taxes Utilities Insuranc Repairs/	quired Home sst Land Improvements cage of Home cage of Office Area id (if you rent)	Lo Aii Au Ta Bu Mi Ot Co Tri C C C C C C C C C C C C C C C C C C C	dging fare ito Rental xi/Uber/Lyft s/Train eals her (incidentals, laund invention Fees avel (# of nights away) ity ity ity	ry, etc.) Nigh Nigh	ts Out ts Out	

Please sign_

 $\hfill \Box$ Enclose purchase/sales/contract agreements/closing papers. Dates are

important!

I have reviewed this information and to the best of my knowledge it is correct.