

DEDUCTION CHECKLIST FOR 2016

QUARTERLY ESTIMATES PAID

	Amount	Date Paid
Federal	1 st Q \$ _____	____/____/____
	2 nd Q \$ _____	____/____/____
	3 rd Q \$ _____	____/____/____
	4 th Q \$ _____	____/____/____
Michigan	1 st Q \$ _____	____/____/____
	2 nd Q \$ _____	____/____/____
	3 rd Q \$ _____	____/____/____
	4 th 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

Prescriptions \$ _____
 Stop smoking programs (prescription) \$ _____
 Health ins Premiums (after tax) \$ _____
 Doctor, Dentist, Hospital \$ _____
 Eye Glasses, Contacts \$ _____
 Medical Miles _____

MISCELLANEOUS

College Tuition \$ _____ \$ _____
 Dates Paid ____/____ ____/____
 Names of Colleges _____
 For whom tuition was paid _____
 Must have 1098T from school!!!!!!
 Must have receipts for books and/or other expense

TAXES

Primary Residence **Paid** \$ _____
 Primary Residence **Amount Due** \$ _____
Taxable Value \$ _____
 Other property taxes \$ _____
 Describe _____
 Auto License Tags \$ _____
 Sales Tax on Large Purchases \$ _____
 Describe _____

IRA contributions \$ _____ \$ _____
 Roth contributions \$ _____ \$ _____
 Alimony Paid \$ _____
 S.S. Number ____ - ____ - ____
 Child Care Expenses \$ _____
 Name of Caregiver _____
 Address or Caregiver _____
 S.S. Number or I.D. number ____ - ____ - ____
 Safe Deposit Box \$ _____
 Gambling Losses to the extent of winnings \$ _____
 Tax Prep Fees \$ _____
 Professional License \$ _____
 IRA Maintenance Fee \$ _____

INTEREST (paid out)

Home Mortgage \$ _____
 2nd Mortgage \$ _____
 Home Equity Loan \$ _____
 Points Paid \$ _____
 Date Points Started ____/____/____
 Land Contract Interest \$ _____
 List to whom paid (A 1099 INT must be issued to them)
 Name _____
 Address _____
 S.S. Number ____/____/____

BUSINESS EXPENSES

Tuition (Job Related) \$ _____
 Books and Fees \$ _____
 Uniforms and Maintenance \$ _____
 Business Miles _____
 Tools \$ _____
 Union Dues \$ _____

MICHIGAN USE TAX

Internet Purchases that excluded Sales Tax \$ _____
 Mail Order Purchases that excluded Sales Tax \$ _____