

# DEDUCTION CHECKLIST

***\*Please bring this signed form with you to your tax preparation appointment\****

**Do you receive our emails? \_\_\_\_\_ If not, please enter below:**

Taxpayer email address \_\_\_\_\_ New? \_\_\_\_\_

Spouse email address \_\_\_\_\_ New? \_\_\_\_\_

Cell phone #'s: taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

Address if moved in 2018 \_\_\_\_\_

Have any name changes? Any additional children/dependents to add? We need name, DOB and SS.

***At any point during 2018 did you or your spouse, have \$10,000 or more in a foreign bank/investment account? This includes accounts owned by others and you simply have signature authority. This also includes fantasy sports accounts.*** \_\_\_\_\_

**If you received healthcare through the Marketplace, we HAVE to have the 1095A.**

**MEDICAL EXPENSES, to the extent they exceed 7.5% of your income** (health insurance premiums, long term care premiums, co-pays, deductibles, prescriptions, dental insurance, dentists, x-rays, medical appliances, etc) . Miles driven for medical expenses \_\_\_\_\_

## **MORTGAGE INTEREST AND POINTS PAID ON HOME**

Amount of mortgage interest \_\_\_\_\_

**TAXES PAID IN 2018:** (real estate, \_\_\_\_\_ personal property \_\_\_\_\_)

## **CHARITABLE CONTRIBUTIONS**

Cash \_\_\_\_\_ \*must have receipts for cash/check donations mileage driven for  
Other than cash \_\_\_\_\_ \*donations must be in good or better condition charity \_\_\_\_\_

**2018 PREPAID TUITION OR 529 PLAN CONTRIBUTIONS:** \_\_\_\_\_

**STUDENT LOAN INTEREST** \_\_\_\_\_ **TEACHERS EDUCATOR EXPENSES** \_\_\_\_\_

**2018 IRA CONTRIBUTIONS: TAXPAYER** \_\_\_\_\_ **SPOUSE** \_\_\_\_\_ **ROTH or TRAD?**

**ALIMONY INCOME** \_\_\_\_\_ **ALIMONY PAID** \_\_\_\_\_

**\*\*IF YOUR BANK ACCOUNT INFO HAS CHANGED, WE NEED YOUR NEW ACCOUNT AND ROUTING NUMBERS FOR DIRECT DEPOSIT.**

**All information given on this form and other information given pertaining to the preparation of this income tax return is true to the best of my knowledge. The responsibility for proof of reported income/expenses is mine. If filing a joint return, you each authorize Kembel Tax Service, Inc to share information with each other**

Taxpayer \_\_\_\_\_ date \_\_\_\_\_

Spouse \_\_\_\_\_ date \_\_\_\_\_