

Adjustments to Income / Credits

ADJUSTMENTS

HSA Contributions: *External from employer plan.
Unreimbursed Moving Expenses: *Had to relocate for work purposes.
Self-employed SEP, SIMPLE and qualified retirement plans:
Student Loan Interest Paid: Are you a Teacher? Yes No

CREDITS

Child Care Expense

Provider Name SS# or EIN
Address Amount Paid
Provider Name SS# or EIN
Address Amount Paid

Education:

Tuition for Higher Education (1098-T):

Student's Name: Degree:
Institution: Federal Tax ID#:
1. Payments Received: 2. Amounts Billed:
3. If box is checked, your education institution has changed its reporting method:
4. Adjustments made for prior year: 5. Scholarships and Grants:
6. Adjustments made to scholarships or grants for a prior year:
7. Check if amount in box 1&2 includes period Jan.- Mar. 2014:
8. Check if at least half-time student 9. Check if graduate student 10. Insurance:
Student Loan Interest Paid:

Affordable Care Act: Premium Tax Credit (Form 8962):

All information required will be listed on **form 1095-A** provided by healthcare market place.

Adoption Credit: (Please provide Name, SS#, DOB in Dependents Section)

Amount of expense incurred for adoption of child:

Residential Energy Credit: (The residential energy credit can only be taken once)

Cost incurred to primary residence: Yes No Cost related to construction of home: Yes No

Non-Business Energy Property

Insulation Material	<input type="text"/>	Energy-eff building prop	<input type="text"/>
External Windows	<input type="text"/>	Boiler or Furnace	<input type="text"/>
External Doors	<input type="text"/>	Circulating Fan	<input type="text"/>
Qual. Metal Roof	<input type="text"/>		

Qualified Solar Power

Solar electric prop	<input type="text"/>	Geothermal pump	<input type="text"/>
Solar water heater	<input type="text"/>	Qual fuel cell prop	<input type="text"/>
Small wind energy	<input type="text"/>		

*Supporting documentation required for Solar Power Credit

Itemized Deductions

MEDICAL EXPENSES (Must Exceed 10% of Income)		CHARITABLE CONTRIBUTIONS	
❖ 65 and older must exceed 7.5%		<i>CASH CONTRIBUTIONS</i>	
Medical / Dental insurance premiums		Gifts given by cash, check or cc	
Medical Ins. premiums		Religious Organizations	
Long Term Insurance		Non-Profit Organizations	
Co-Payments		Non-Profit Hospitals	
Prescription drugs		Medical Research	
Doctor / Dentist		Civil Defense Organizations	
Hospitals / Nursing home			
Psychiatric Counseling		<i>NON-CASH CONTRIBUTIONS</i>	
Glasses, hearing aids, batteries		Gifts other than cash not limited to	
Auto travel & parking (Medical)		Furniture / Clothing / Electronics	
Mileage to and from facility		Salvation Army ○ Goodwill ○	
		St. Mary's ○ Housing Works ○	
UNREIMBURSED WORK EXPENSES		Donations over \$500 must provide	
Dues (Union and professional)		Donee Name	
Uniforms		Address	
Employment Related Education		City	
Job Seeking Expenses		State	
Business Insurance		Zip	
Licenses, fees, etc.		Description of property	
Professional books		Date if known	
Publications		Fair Market Value	
Dry Cleaning of Uniforms			
Seminars / Conferences		OFFICE-IN-HOME	
Cell Phone		Total Square footage of home	
Equipment		Square footage of office	
Computer		Rent	
Supplies		Utilities	
Entertainment		Phone	
Gifts to Clients		Internet / Cable	
Local Transit (not including daily commute)		Insurance	
		Improvements to office	
HOME MORTGAGE INTEREST		Other	
Primary Residence			
Primary Residence – 2 nd Mortgage		VEHICLE EXPENSE	
Secondary Residence		*Not Including Daily Commute	
Secondary Residence–2 nd Mort.		Overall Mileage	
MORT INTEREST TO AN INDIVIDUAL:		Business Mileage	
Name:		Parking for appointments	
Address:		<i>A diary of mileage is required</i>	
Amount:			
Primary Residence – 2 nd Mortgage		MISCELLANEOUS DEDUCTIONS	
		Attorney Fees	
TAXES PAID		Investment expenses	
Real Estate Tax Paid		Safe deposit box	
State Income Tax Paid		Tax prep fees	
Tax Paid on last year's return		Gambling Loss (to offset winnings)	
Estimated State Tax Payments			
Personal Property Tax		CASUALTY / THEFT LOSS*	
		Ponzi Scheme	
OTHER EXPENSES		Theft	
		Natural Disaster	
		*Additional info may be requested	
SUPPORTING DOCUMENTATION MAY BE REQUIRED			

Rental Income / Expense Sheet

PROPERTY	DESCRIPTION OF PROPERTY	ADDRESS
A		
B		
C		
D		

	PROPERTY A	PROPERTY B	PROPERTY C	PROPERTY D
INCOME				
RENTS:				
OTHER:				
EXPENSES				
ADVERTISING				
AUTO				
TRAVEL				
CLEANING/MAINTENANCE				
COMMISSIONS				
INSURANCE				
LEGAL & PROFESSIONAL				
MANAGEMENT FEES				
MORTGAGE INTEREST				
REPAIRS				
SUPPLIES				
REAL ESTATE TAX				
WATER				
GAS				
ELECTRIC				
OTHER UTILITIES				
ASSOCIATION FEES				
OTHER (e.g. lawn care, pest removal, snow removal, etc.)				

CAPITAL IMPROVEMENTS

If during the year you purchased equipment, furniture or made Property Improvements list below

		PROPERTY A	PROPERTY B	PROPERTY C	PROPERTY D
DESCRIPTION	DATE	COST	COST	COST	COST

DEPRECIABLE ASSETS SOLD OR DISPOSED OF

DESCRIPTION	DATE	DATE ACQUIRED	ORIGINAL COST	DATE SOLD	AMOUNT RECEIVED