

TAX DEDUCTION CHECKLIST

YEAR _____

PERSONAL, FAMILY & HEALTH	Amount
<input type="checkbox"/> Medical and dental expenses	
<input type="checkbox"/> Health insurance premiums	
<input type="checkbox"/> Prescription medications	
<input type="checkbox"/> Vision care (glasses, contacts, exams)	
<input type="checkbox"/> Charitable donations (cash or goods)	
<input type="checkbox"/> Childcare expenses	
<input type="checkbox"/> Adoption expenses	
<input type="checkbox"/> Student loan interest	
<input type="checkbox"/> Alimony payments (if applicable)	
<input type="checkbox"/> Retirement contributions (IRA, etc.)	
<input type="checkbox"/> HSA or FSA contributions	
<input type="checkbox"/>	
<input type="checkbox"/>	

Total Personal & Family:

WORK & EDUCATION	Amount
<input type="checkbox"/> Job-related education or training	
<input type="checkbox"/> Professional certifications or exams	
<input type="checkbox"/> Work-related tools or equipment	
<input type="checkbox"/> Union dues	
<input type="checkbox"/> Professional memberships	
<input type="checkbox"/> Work-related travel (if deductible)	
<input type="checkbox"/> Job search expenses (in certain cases)	
<input type="checkbox"/> Classroom supplies (teachers)	
<input type="checkbox"/> Continuing education courses	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Total Work & Education:

HOME & PROPERTY	Amount
<input type="checkbox"/> Mortgage interest	
<input type="checkbox"/> Property taxes	
<input type="checkbox"/> Home office (if self-employed)	
<input type="checkbox"/> Energy-efficient home improvements	
<input type="checkbox"/> Home insurance (rental property/business use)	
<input type="checkbox"/> Rental property expenses	
<input type="checkbox"/> Home repairs for rental property	
<input type="checkbox"/> HOA fees (rental property)	
<input type="checkbox"/> Landlord expenses (if applicable)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Total Home & Property:

BUSINESS & SELF-EMPLOYMENT	Amount
<input type="checkbox"/> Home office (business portion)	
<input type="checkbox"/> Office supplies	
<input type="checkbox"/> Business equipment	
<input type="checkbox"/> Software and subscriptions	
<input type="checkbox"/> Internet and phone (business portion)	
<input type="checkbox"/> Advertising and marketing	
<input type="checkbox"/> Website and hosting	
<input type="checkbox"/> Business insurance	
<input type="checkbox"/> Professional services (accountant, lawyer)	
<input type="checkbox"/> Travel expenses	
<input type="checkbox"/> Business meals	
<input type="checkbox"/> Vehicle expenses (business use)	
<input type="checkbox"/> Shipping and postage	
<input type="checkbox"/> Inventory or materials	
<input type="checkbox"/> Contractor or employee payments	
<input type="checkbox"/> Bank and payment processing fees	

Total Business & Self-Employment: