QUALITY TAX AND BOOKKEEPING SERVICE...2015 TAX PREPARATION CHECKLIST

Schedule A Itemized Deductions

 Medical Expenses (if over 10% of your income)

 Med Insurance Premiums

 Co-payments

 Medical Mileage

 Eyeglasses

 Dentist

 Chiropractor

 Orthodontist

 Prescription Drugs

 Other Med Expenses

 Taxes & Interest

 ______State and Local Income Tax

 _____Real Estate Taxes

 _____Personal/Excise Taxes

____ Home Mortgage Interest
____ Points Paid

Charitable Contributions

. . .

By Check or Cash Other than by Check or Cash

Job Expenses (if over 2% of your income)
Travel Expenses
Meals & Entertainment
Supplies
Professional Books and

- Publications ___Uniform Costs __ Education Costs Professional and Union Dues
- ____Job Hunting Costs

Form 8863:Education Credits

____1098-T from Qualified Institution ____Account Transcript from School showing payments made Schedule C Profit and Loss From a Business

Income Gross Income Other Income

Expenses Advertising Bad Debts Car and Truck Exp/business mileage Insurance (other than health) Interest on any Bus.Loans Legal and Professional Fees Office Expenses Rent (property) Rent/Lease (Equipment) Repairs and Maint Supplies Taxes & Licenses Travel Meals & Entertainment Utilities Wages

Expense for Business

<u>Use of Your Home</u> ____Total Area of Home ____Business Area of Home ____Mortgage Interest ____Real Estate Taxes ____Insurance ____Repairs/Maintenance Done in Year ____Month/Year Home First Used for Bus. ___Your Investment in Home (purchase price + improvements)

Daycare Use Total Hours used for DC

Schedule E Property Rental

Total Rents Received

Portion of Blding used for rental purposes Advertising Costs Auto Expense/mileage **Blding Insurance** Legal/professional fees Management fees Mortgage interest Other interest Repairs Supplies Real Estate Taxes Utilities Month/Year building was first used as rental Purchase Price + added

___Purchase Price + add improvements

Schedule D Capital Gains/Stocks

- ___ 1099B from stock company
- ____Date of Purchase
- ____Purchase Price
- ___Date Sold
- ____ Amount of Stock Sold
- ____Sale Price

Form 2442 Child and Dependent Care

___Name of Person/Org who provided care ___SS# or EIN of Person/Org ___Amount Paid to Care Giver

Directions Refresher: Route 91 to Exit 16. Down ramp towards Holyoke. Straight through first light(Hillside Ave), left at next light (Route 5/Northampton St). Take a quick right into the Yankee Pedlar parking lot. Go to the back of the lot, then to the left and park in front of the building closest to Holyoke Hospital (there is a Quality Tax sign next to the door on a placard). Use the parking lot entrance (the back door) of the building. We are on the first floor: Rooms 411, 412, 413, and 414