

## DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.  
Itemized Deduction Organizers are on separate pages.

### 1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:						Student Loan	Books, Supplies			
Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Interest Paid	& Equipment	529 Plan
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>

### 2. JOB-RELATED MOVING EXPENSES

Description	Amount
Lodging . . . . .	_____
Gas and Oil. . . . .	_____
Mileage . . . . .	_____
Other . . . . .	_____
Miles from old home to your new workplace	_____
Miles from old home to old workplace . . . . .	_____
Member of the Armed Forces? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. IRA CONTRIBUTIONS

Description	Amount
Contributions to a Traditional IRA. . . . .	_____
Contributions to a ROTH IRA . . . . .	_____

### 4. OTHER DEDUCTIONS

Description	Amount
Educator expenses. . . . .	_____
Alimony paid Rec. SSN: _____	_____
Date of original divorce/separation _____	
Health Savings Account contributions . . . . .	_____
Archer Medical Savings Account contributions _____	_____
Jury duty repayment to employer . . . . .	_____
Foreign qualified housing expenses. . . . .	_____
Contributions to College 529 Savings Plan. . . . .	_____
Qualified business net (loss) carryover from 2019	_____
Qualified REIT dividends and PTP net (loss) carryover	_____
_____	_____
_____	_____

### 5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during 2020 for which you paid a large amount of sales tax? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you refinance a mortgage during 2020? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No



**ITEMIZED DEDUCTIONS (continued)**

**Casualty and Theft Losses** (for property damaged by storm, water, fire, accident, or theft)

Enclose supporting documentation of what is written here, i.e. insurance reimbursement, receipts for cost of repairs.

(If additional losses were incurred, please attach a separate sheet of paper with these details.)

Location of property: \_\_\_\_\_ Residential property  Business property   
 Description of property: \_\_\_\_\_ Federal Disaster   
 Date of loss: \_\_\_\_\_ FEMA disaster declaration # \_\_\_\_\_

Amount of damage \_\_\_\_\_ Cost basis of property \_\_\_\_\_ Repair Costs \_\_\_\_\_  
 Insurance reimbursement \_\_\_\_\_ FMV of property before loss \_\_\_\_\_ Other \_\_\_\_\_  
 Federal monies received \_\_\_\_\_ FMV of property after loss \_\_\_\_\_ Other \_\_\_\_\_

**Unreimbursed Employee Business Expenses**

(if any depreciable assets were sold (including the vehicle), please see worksheet below)

Dues (related to job) \_\_\_\_\_  
 Subscriptions related to your work \_\_\_\_\_  
 Licenses and regulatory fees \_\_\_\_\_  
 Tools and supplies used in your work \_\_\_\_\_  
 Work clothes, uniforms if required \_\_\_\_\_  
 Medical exams required by your employer \_\_\_\_\_  
 Work related education (books, tuition) \_\_\_\_\_  
 Legal fees related to your job \_\_\_\_\_  
 Job search expenses (current occupation) \_\_\_\_\_

**Vehicle Information**

Vehicle description \_\_\_\_\_  
 Date placed in service \_\_\_\_\_  
 Cost or basis \_\_\_\_\_

**Miles of vehicle**

Business miles \_\_\_\_\_  
 Commuting miles \_\_\_\_\_  
 Other miles \_\_\_\_\_

**\*In home office:**

Total square footage \_\_\_\_\_  
 Office square footage \_\_\_\_\_  
 Office square footage \_\_\_\_\_  
 Rent . . . . . \_\_\_\_\_  
 Insurance . . . . . \_\_\_\_\_  
 Utilities . . . . . \_\_\_\_\_  
 Repairs/Maintenance \_\_\_\_\_

**Expenses**

Actual expenses \_\_\_\_\_  
 (gas, oil, repairs, etc)  
 Parking fees and tolls \_\_\_\_\_  
 Travel expenses \_\_\_\_\_

\*Questions relating to mortgage interest, taxes, and casualty losses were asked previously

**Sales, Purchases, and Disposition of Assets in 2020**

(New clients, enclose detailed listing of all depreciable assets.)

T S	Asset description	Date acquired	Purchase price	Date sold	Sales price

**Investment Related Expenses**

Tax preparation fees \_\_\_\_\_  
 Safe deposit box \_\_\_\_\_  
 Custodial, trust admin fees \_\_\_\_\_  
 Fees to collect interest and dividends \_\_\_\_\_  
 Tax advice not related to investment income \_\_\_\_\_  
 Legal fees related to producing taxable income \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

**Other Misc. Deductions**

Gambling losses . . . . . \_\_\_\_\_  
 Estate tax deduction (in respect of a decedent) \_\_\_\_\_  
 Portfolio from Schedule K-1 \_\_\_\_\_  
 Unrecovered investment in a pension \_\_\_\_\_  
 Amortizable premium on taxable bonds \_\_\_\_\_  
 Disabled persons work expenses \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_