GENERAL PURPOSE TAX DEDUCTION CHECKLIST


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# 2025 TAX YEAR

**PRINT FORM**

TAXPAYER(s) NAME(S)

STREET ADDRESS OR PO BOX

BEST CONTACT PHONE

CITY, STATE AND ZIP CODE

BEST CONTACT EMAIL

**Memberships (California only)**

Union Dues **per year**

Other Associations

**TOTAL DUES & MEMBERSHIP** $ 0

**Public Safety Retirees** health insurance premiums paid out-of-pocket.

Total amount paid in 2025

***Charitable Contributions of Money***

*By law, you must have either a cancelled check, a credit card receipt or a letter from the charity showing the date of each donation and the amount in order to deduct money**-purely cash donations for which no receipt is issued cannot be deducted***

*TOTAL MONEY CONTRIBUTIONS*

**Charitable Contribution of Property**

*Contributions under $250 require a receipt from the charity or records containing the date and type of the donation. For donations of a fair market value over $250 you must have a receipt. All donations should be photographed and a list of donated items must be retained with the source of the valuation of the property- DO NOT JUST "GUESS" A VALUE – if your value is not supported it **will not** be allowed by the IRS*

| *Charity* | *Fair Market Value* |
|---|---|
| | |
| | |
| | |
| | |
| ***TOTAL NON-MONEY CHARITABLE CONTRIBUTIONS*** | $ 0 |

**Job Related Education**[1] **(CA ONLY)**

Tuition paid minus reimbursement

School Books & Supplies

Describe course of study – read footnote below

[1] Job related education means the instruction maintains or improves required skills of your present job, **and** does not qualify you for an entry level license or certificate. The FTB has been very strict in this area recently. For example, the FTB will disallow a law enforcement management degree if you cannot show you were in some kind of leadership capacity while attending school.

DEPENDENT INFORMATION
NEW DEPENDENTS ONLY

***New** dependent(s) this year?* *Yes* ☐ *No* ☐

*#1 SSN*

*NAME*

*DOB*

*RELATIONSHIP*

----Select one-----

*#2 SSN*

*NAME*

*DOB*

*RELATIONSHIP*

----Select one-----

**NAMES OF PERSONS WHO ARE NO LONGER DEPENDENTS IN 2025:**

**Child Care Information**
(PLEASE USE PAGE #7 IF MORE SPACE IS NEEDED)

*NO CHILD CARE EXPENSE* ☐

*Do you participate in Dependent Care Benefits (pre-tax through payroll)?*
*Yes* ☐ *No* ☐

***Provider # 1 Name***

***If provider # 1 is new****:*

TAX ID

*Address*

*City* *Zip*

*Telephone*

*Amount paid to provider #1*

*Amount paid per child to provider #1*

| *Name* | *Amount* |
|---|---|
| | |
| | |
| | |

***Provider #2 Name***

***If provider # 2 is new****:*

*Tax ID*

*Address*

*City* *Zip*

*Telephone*

*Amount paid to provider #2*

*Amount paid per child to provider #2*

| *Name* | *Amount* |
|---|---|
| | |
| | |
| | |

**FOREIGN BANK ACCOUNTS**

*Name of country or countries where foreign account are held:*

*Check here if you have no foreign bank accounts* ☐

*Did the average total balance of all foreign bank accounts exceed $10,000 in 2025?*
*YES* ☐ *NO* ☐

*IF YOUR BANK ACCOUNT FOR DIRECT DEPOSIT OF ANY REFUND HAS CHANGED SINCE LAST YEAR – CHECK HERE* ☐

**Total Medical Expenses Paid**
(***only*** *amounts exceeding 7.5% of adjusted gross income are deductible*-* ***do not include pre-tax insurance premiums deducted from wages****)*

**Total Property Taxes Paid**
**(do not include rentals)**

.

**Deductible DMV Fees**
**(Only the Vehicle License Fee is deductible)**

**Total Student Loan Interest Paid**

Alimony paid $_______

_____________________
Date of Alimony Order

 

**Mortgage Interest Paid on your 1st and 2nd residences- may be houses/timeshares/ Boats with cabins/ RVs (do not include rentals)**

| *Lender* | *Amount* |
|---|---|
| | |
| | |
| | |
| | |
| | |
| ***TOTAL MORTGAGE INTEREST ON 1st & 2nd HOMES*** | $ 0 |

***NEW CLIENTS ONLY***

*Last years tax preparation costs*

*State tax refunds from prior years received in 2024*

*State tax paid for prior years in 2024*

*Did you have a discharge of debt through bankruptcy in 2025?*

*YES* ☐ *NO* ☐

IRA CONTRIBUTIONS - This is not referring to any 457/401(k)/403(b) deduction from wages.

| | TAXPAYER | SPOUSE |
|---|---|---|
| Amount | | |
| TRADITIONAL | ☐ | ☐ |
| ROTH | ☐ | ☐ |

**Tuition Paid Out of Pocket for College Level Non-Job Related Education**

**Note: children must be dependents to be eligible for the credit. Note: be sure to include the amount actually paid during the year and not the amount billed. WE MUST HAVE A COPY OF FORM 1098-T**
**The school must be eligible for federal financial aid programs - many trade schools do not qualify.**
**If you did not receive a Form 1098-T in the mail then the student probably has to download a copy.**

| *Name* | *Amount/Code* | Student Status - Box 8? | Box 9? |
|---|---|---|---|
| | | ☐ | ☐ |
| | | ☐ | ☐ |
| | | ☐ | ☐ |

Indicate if these boxes are checked on each Form 1098-T

# THE IRS REQUIRES WE HAVE A COPY OF FORM 1098-T

 

## ADDITIONAL TAX DEDUCTIONS NOT LISTED ELSEWHERE ON THE CHECKLIST

Before completing this section please see below for items which are not deductible

| ITEM | DATE PURCHASED | COST | PERCENTAGE OF BUSINESS USE[2] |
|---|---|---|---|
| | | | 0% |
| | | | 0% |
| | | | 0% |
| | | | 0% |
| | | | 0% |
| | | | 0% |
| **TOTAL ADDITIONAL EXPENSES** | | $ 0 | |

 

# NOTES AND COMMENTS

 