

# Tax Year 2020 Checklist

Client: \_\_\_\_\_

## ITEMIZED DEDUCTIONS

### Medical, Dental, & Optical

(Medical total must exceed 7.5% of income to be deductible)

Prescription Drugs \_\_\_\_\_  
 Health Insurance Premiums (you paid) \_\_\_\_\_  
 Long Term Care Insurance \_\_\_\_\_  
 Number of Medical Miles \_\_\_\_\_  
 Doctor, Dental, Hospital and Lab Fees \_\_\_\_\_  
 Vision, Eyeglasses and Contacts \_\_\_\_\_  
 Nursing Home Care \_\_\_\_\_  
 Special Needs Education \_\_\_\_\_

### Taxes Paid

(Taxes paid total now capped at \$10,000)

Sales Tax (cars, boats, RVs) \_\_\_\_\_  
 Primary Residence Prop Taxes \_\_\_\_\_  
 Other Property Taxes (land, second home) \_\_\_\_\_  
 Auto License Plate Registration \_\_\_\_\_

Home Mortgage Interest (Form 1098)

Home Equity Loans (Form 1098)

(must be used to buy/build/improve property securing debt)

Investment Loans \_\_\_\_\_  
 Mortgage Insurance Premiums \_\_\_\_\_

### Contributions

Cash, Check, and Payroll Deductions \_\_\_\_\_  
 (Each donation of \$250+ needs written acknowledgement from charity)

### Goods

(If over \$500, you must have a list of donated items, charity address, and date of donation. If over \$5,000, you need appraisal)

Volunteer Expenses / Mileage

### Miscellaneous

Virtual Currency \_\_\_\_\_  
 Foreign Bank Interest \_\_\_\_\_  
 Foreign Trust \_\_\_\_\_  
 Casualty Loss (Fed Declared Disaster Only) \_\_\_\_\_  
 Gambling Losses (cannot exceed winnings) \_\_\_\_\_

## INCOME

W-2 Wage/Salaries/Tips \_\_\_\_\_  
 1099-INT Interest \_\_\_\_\_  
 1099-DIV Dividends \_\_\_\_\_  
 1099-MISC Self-Employment \_\_\_\_\_  
 1099-R Pension, IRA, Rollover \_\_\_\_\_  
 W-2G Gambling, Lottery \_\_\_\_\_  
 1099-C Cancellation of Debt \_\_\_\_\_  
 1099-G Unemployment \_\_\_\_\_  
 1099-G State/City Tax Refund \_\_\_\_\_  
 1099-B Capital Gains/Losses \_\_\_\_\_  
 1099-S Property Sale \_\_\_\_\_  
 1099-Q Education (529 Plan) \_\_\_\_\_  
 1099-SA HSA Disbursement \_\_\_\_\_  
 K-1 for \_\_\_\_\_  
 Partnerships \_\_\_\_\_  
 S-Corporation \_\_\_\_\_  
 Trust \_\_\_\_\_  
 Estate \_\_\_\_\_  
 SSA-1099 Social Security \_\_\_\_\_  
 RRB-1099 Railroad Retirement \_\_\_\_\_

Alimony (only if divorce final before 1/1/2020) \_\_\_\_\_  
 Rental Real Estate/Personal Property \_\_\_\_\_  
 Scholarships/Fellowships \_\_\_\_\_  
 Jury Duty \_\_\_\_\_  
 Tax Exempt Interest \_\_\_\_\_  
 Property Tax Rebate Recovery \_\_\_\_\_  
 Foreign Earned Income \_\_\_\_\_  
 Homebuyer Credit Recovery \_\_\_\_\_  
 Gig Work (Airbnb, Uber, Taskrabbit, etc) \_\_\_\_\_

## DEDUCTIONS/CREDITS/TAXES

1098-E: Student Loan Interest \_\_\_\_\_  
 1098-T: College Tuition/Fees/Books \_\_\_\_\_  
 1095-A|B|C: Health Ins Reporting \_\_\_\_\_  
 Alimony Paid (only if divorce final before 1/1/2019) \_\_\_\_\_  
 Moving Expenses (military only beginning 1/1/2018) XXXXX  
 Childcare/Day Camp Expenses (child <13) \_\_\_\_\_  
 (We need provider's name, address, and tax ID number)  
 Household Employers (Nanny Tax) \_\_\_\_\_  
 IRA/SEP/SIMPLE Contributions \_\_\_\_\_  
 Roth IRA Contributions or Conversion \_\_\_\_\_  
 Teacher's Classroom Expenses \_\_\_\_\_  
 HSA Contributions \_\_\_\_\_  
 Adoption Expenses \_\_\_\_\_  
 Self-Employed Health Insurance Premiums \_\_\_\_\_  
 Retirement Saver's Credit \_\_\_\_\_

Residential Energy Improvements  
(solar, wind and geothermal only)

Qualified Business Income Deduction

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## Tax Estimates Paid for 2020

	Federal	Michigan	City	Date Paid
1st Quarter	_____	_____	_____	/ /
2nd Quarter	_____	_____	_____	/ /
3rd Quarter	_____	_____	_____	/ /
4th Quarter	_____	_____	_____	/ /
<b>TOTAL</b>	_____	_____	_____	

## Michigan Taxes

**Non-taxable Income (required for Michigan credits)**

Child Support \_\_\_\_\_

Veterans Pension \_\_\_\_\_

Worker's Compensation \_\_\_\_\_

Public Assistance (DHS) \_\_\_\_\_

Inheritance \_\_\_\_\_

Gifts Received in Excess of \$300 \_\_\_\_\_

Gain on Sale of Primary Residence \_\_\_\_\_

**Homestead Property Tax Credit**

If you own your home

Property Taxes Billed for 2020 \_\_\_\_\_

Taxable Value of home for 2020 \_\_\_\_\_

If you rent your home

Rent Paid Per Month \_\_\_\_\_

Landlord's Name and Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contributions to MESP or MET College Savings Plans** \_\_\_\_\_

**Use Tax due on Out of State or Internet Purchases** \_\_\_\_\_

Additional Questions?

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