

# 2016 TAX DEDUCTION FINDER

ILLINOIS

**THURZO-SPELLMAN ENTERPRISES, INC**

6215 W. 79th St - Suite 2C

Burbank, IL 60459

708-430-8484

Your Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 Your Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Spouse's Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address \_\_\_\_\_ e-mail \_\_\_\_\_

**THINGS TO BRING:** ▶ Last year's return (if new client) ▶ W-2 Forms ▶ Purchase & sale info for all property sold  
 ▶ 1099 Forms for: interest · dividends · soc. sec. · unemployment · self-employment · debt cancellation · retirement  
 ▶ 1098 Forms for: mortgage interest · tuition · noncash contributions ▶ Health insurance (form 1095) ▶ Foreign account statements

FEDERAL STATE  
 Last year I received refunds of: \_\_\_\_\_  
 Last year I had to pay: \_\_\_\_\_

DEPENDENTS				
Name	Number of months lived in your home			
First, Initial & Last	Social Security # (required)	Relationship	Birthdate	Grade

I want my refunds directly deposited into my bank, IRA ... (bring a voided check / account info)

## INCOME (other than income shown on W-2s)

SOURCE (include foreign accounts)	T/S/J	AMOUNT
<b>INTEREST</b> (Bring in 1099s or Statements) If Individual, list Name, Address & Soc. Sec. # Include all tax exempt and Municipal Bonds		
Excludable Series EE Savings Bonds		

SOURCE (include foreign accounts)	T/S/J	AMOUNT
<b>DIVIDENDS</b> (Bring in 1099s or Statements) Include all tax exempt		

### OTHER INCOME NOT INCLUDED ABOVE OR ON W-2

UNEMPLOYMENT (Bring in 1099)		
ALIMONY		
TIPS		
COMMISSIONS/BONUSES		
PRIZES/AWARDS/GAMBLING/LOTTERY		
JURY/ELECTION DUTY		
BUSINESS/FARM/RENTAL (Bring details)		
STOCK & PROPERTY SALES (Bring 1099, Cost, Dates)		
PARTNER /CORP/ESTATE/TRUST (Bring K-1)		
SCHOLARSHIPS/FELLOWSHIPS, if not on W-2		
STRIKE PAY		
PENSIONS (Bring in 1099-R)		
FOREIGN INCOME		
HOBBY INCOME		

PERSONAL INJURY AWARDS		
DISABILITY/RETIREMENT		
IRA (Bring in 1099-R)		
SOCIAL SECURITY (Bring in SSA-1099)		
SOCIAL SECURITY (Bring in SSA-1099)		
RAILROAD RETIREMENT (Bring in RRB-1099)		
RAILROAD RETIREMENT (Bring in RRB-1099)		
DEBT CANCELLATION - BRING 1099-C or A		

### NON-TAXABLE INCOME

VETERANS PENSION/DISABILITY		
CHILD SUPPORT/ASSISTANCE		
WORKER'S COMPENSATION		
OTHER (identify)		
OTHER (identify)		

ESTIMATE PAYMENTS PAID IN/FOR 2016			FEDERAL			STATE		
	Date Paid	Check #	Amount		Date Paid	Check #	Amount	
4th Qtr. Prior Year								
1st Qtr. This Year								
2nd Qtr. This Year								
3rd Qtr. This Year								
4th Qtr. This Year								

**RETIREMENT PLANS**  
 If you or your spouse has an IRA, SEP, SIMPLE or Keogh Retirement Plan, list the amount you have contributed for 2016 and the date of contribution

**IRA:** Regular  Roth  You \$ \_\_\_\_\_ Date \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Date \_\_\_\_\_  
**SEP:** You \$ \_\_\_\_\_ Date \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Date \_\_\_\_\_  
**Keogh:** You \$ \_\_\_\_\_ Date \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Date \_\_\_\_\_  
**SIMPLE:** You \$ \_\_\_\_\_ Date \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Date \_\_\_\_\_

If amount listed is not the maximum, do you want to contribute the maximum deductible amount? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Did you convert any funds from a regular IRA to a Roth IRA? You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

**MEDICAL SAVINGS ACCOUNTS (MSAs) / HEALTH SAVINGS ACCOUNTS (HSAs)**  
 Amount Contributed: You \_\_\_\_\_ Spouse \_\_\_\_\_ Amount withdrawn for Qualified Expense \_\_\_\_\_  
 Amount of Insurance Deductible \_\_\_\_\_ Type of Plan: Single \_\_\_\_\_ Family \_\_\_\_\_

# ITEMIZED DEDUCTIONS

## MEDICAL EXPENSES

(Must exceed 10% of Adjusted Gross Income if under age 65 and 7.5% if 65 or older.)

Net amount paid by you -- NOT PRETAX

Medical Insurance Premiums: Payroll Deduction	
Paid directly by you	
Medicare B/D deducted from Social Security	
Dental Insurance	
Long Term Care Insurance	
	Mileage
Alcohol or Drug Addiction Therapy	
Ambulance	
Anesthesiology	
Child Birth Class	
Doctors, Dentists, Chiropractors, etc.	
Eye Glasses, Contact Lenses, Exams	
Hearing Aid, Batteries, Repairs	
Hospitals	
Insulin	
Laser eye surgery	
Lodging (limited to \$50/day per person)	
Parking	
Prescribed Medical Attire (support hose, shoes, etc.)	
Prescribed Medical Equip: Cost/Rental	
Prescribed weight loss program	
Prescriptions (not over-the-counter)	
Required nursing home care	
Special Schooling for Mentally or Physically Handicapped	
Other	

## TAXES

Real Estate: Home	
2nd Home	
Other	
Personal Property	
Auto / Truck Tabs	
Sales Tax on New Vehicle	
Other Sales Tax Paid (from receipts)	

## INTEREST

Home Mortgage (paid to financial institution) Bring in Form(s) 1098	
Home Mortgage (paid to individual) List Name, Social Security Number & Address	
2nd Home Mortgage (paid to financial institution)	
2nd Home Mortgage (paid to individual) List Name, Social Security Number & Address	
Home Equity Loan: Bring in Form(s) 1098	
Points (bring closing papers if purchased this yr.)	
Have you refinanced above properties this year? If yes, bring closing papers.	
Investment Interest (provide details)	

## CONTRIBUTIONS

Receipts from the charity are required.

A. Cash Contributions for which you have receipts, canceled checks, payroll deductions, etc.	
TOTAL:	
B. Contributions from Line 34, 2015 IL-1040	
C. Non-cash items: Fair market value or garage sale price on clothing, furniture, appliances, etc. Give organization, item and value (if over \$500, bring detailed information and receipts.) Autos, boats, airplanes bring 1098-C.	
D. Transportation / Travel for Volunteer Work	
Mileage	
Parking	
Out-of-pocket expenses (receipted)	

## CASUALTY & THEFT LOSSES

(Must exceed 10% of Adjusted Gross Income)	
Date of Casualty _____	Date Acquired _____
Kind of Property _____	How Destroyed _____
FMV Before _____	FMV After _____
Cost plus improvements	
Insurance reimbursements	
Federally declared disaster area? Yes__ No__	
Ponzi-style scheme loss	

## MISCELLANEOUS DEDUCTIONS

JOB EXPENSES: Job Supplies	
Job Hunting: Mileage / Travel (see pg. 4)	XXXXXXXXXXXX
Employment Agency Fees	
Phone / Résumé / Postage / etc.	
Job-related Education: Tuition / Fees	
Books / Supplies	
Workshops / Seminars	
Mileage / Food / Lodging (see pg. 4)	XXXXXXXXXXXX
Malpractice Insurance	
Phone: Additional extension only, plus enhancements, long dist., fax, pager	
Professional Dues / Licenses	
Professional Journals / Trade Journals	
Safety Equipment	
Tools - Small	
Tools & Equipment - Depreciable	
Uniforms - Cost / Cleaning	
Union Dues / Initiation Fees	
INVESTMENT EXPENSE: Save Deposit Box	
Journals / Subscriptions	
Phone / Postage / Mileage	
Tax Preparation Fees / Tax Consultations	
IRA or Keogh Fees (paid separately)	
Credit/debit card fees for tax payments	
OTHER:	
Gambling Losses	
Hobby Expenses	

**CHILD and DEPENDENT CARE** ▶ *If you or your spouse paid for dependent care to be gainfully employed.*

Were the Dependent Care services performed in your home? Yes \_\_\_ No \_\_\_

Were you reimbursed by your employer for child care: Yes \_\_\_ No \_\_\_ If so \$ \_\_\_\_\_ Amount forfeited, if any \$ \_\_\_\_\_

*Even though your reimbursement equaled your child care expenses, you are required to show the following information on your tax return:*

Name(s) and Age(s) \_\_\_\_\_  
of Dependents \_\_\_\_\_

Name(s) of Individual/Organization Who Provided Care	Address: Number, Street City, State & Zip	Social Security or Employer ID Number	Amount Paid In 2016

▶ If more space is needed, attach statement.

▶ You cannot take a credit for amounts paid to your dependent.

**EDUCATION CREDITS, DEDUCTIONS**

Tuition and required fees you paid for yourself, your spouse or dependent(s) for post-secondary education \$ \_\_\_\_\_ Date paid \_\_\_\_\_

Date education began \_\_\_\_\_ Student's Name \_\_\_\_\_ Degree Program? Yes \_\_\_ No \_\_\_

Was the student enrolled at least half time? \_\_\_\_\_ Year in School -- Fr / So / Jr / Sr / Graduate (please bring 1098-T)

YES

**PLEASE CHECK ALL APPLICABLE QUESTIONS**

- \_\_\_\_\_ Are you being claimed as a dependent on another Tax Return?
- \_\_\_\_\_ Do any of your dependents have income over \$1050.00?
- \_\_\_\_\_ Did you change your marital status during the year? If yes, date \_\_\_\_\_
- \_\_\_\_\_ Did you pay any alimony/separate maintenance? If yes, \$ \_\_\_\_\_ Soc.Sec.# of person paid \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_
- \_\_\_\_\_ Are you paying towards the support of a relative other than dependents claimed above, and if so, do they have less than \$4,050.00 in *taxable* income?
- \_\_\_\_\_ Did you have moving expenses for a move of 50 miles or more to a new job location?
- \_\_\_\_\_ Did you or your spouse become disabled or legally blind during the tax year?
- \_\_\_\_\_ Are you paying interest on a student loan? Interest paid in 2016 \$ \_\_\_\_\_
- \_\_\_\_\_ Did you purchase a business vehicle or other business equipment during the year? If yes, bring details.
- \_\_\_\_\_ Are you making payments on a boat or recreational vehicle that has a toilet, sleeping and basic living facilities?
- \_\_\_\_\_ Have you received an income statement on your Social Security # which is reported on another tax return?
- \_\_\_\_\_ Do you have a non-collectible debt? If so, bring details.
- \_\_\_\_\_ Are you involved in bartering your services or property for other services or property?
- \_\_\_\_\_ Do you have income, expenses or deductions that are not listed? Bring details.
- \_\_\_\_\_ Did you pay someone who performed services as an employee at your home in 2016?
- \_\_\_\_\_ Were you notified by the IRS or State of any change in a prior year's tax return? Bring notice.
- \_\_\_\_\_ Do you (and/or your spouse) wish to designate \$3.00 of your taxes to the Presidential Election Fund? Taxpayer \_\_\_ Spouse \_\_\_
- \_\_\_\_\_ In 2016, did you pay adoption fees, court costs, attorney fees and/or other expenses directly related to an adoption? Amount \_\_\_\_\_ Was it finalized? \_\_\_\_\_ Was the adoption international? \_\_\_\_\_
- \_\_\_\_\_ Did you receive combat pay in 2016?
- \_\_\_\_\_ Was your home mortgage forgiven in foreclosure or restructure? Bring the 1099 C or A.
- \_\_\_\_\_ Did you buy or sell a home in 2016 or did you refinance? Bring the settlement statement.
- \_\_\_\_\_ Do you own stock in an insurance firm that demutualized?
- \_\_\_\_\_ Did you make contributions to a "Bright Start" or "Bright Directions" college pool or a "College Illinois" prepaid tuition program?
- \_\_\_\_\_ Did you distribute federally non-taxable earnings from a 529 plan not mentioned above in 2016?
- \_\_\_\_\_ Are you paying towards Health Insurance for a child under the age of 19, a full-time student under the age of 24, or, if disabled, an individual of any age? If yes, \$ \_\_\_\_\_
- \_\_\_\_\_ Is ridesharing money included in your taxable income?
- \_\_\_\_\_ Did you enclose a copy of your 2016 Property Tax Statement for your principal residence? Is it paid?
- \_\_\_\_\_ Did you pay tuition, book fees, or lab fees for your child in grades K-12? Bring education receipt.
- \_\_\_\_\_ Do you wish to donate to one or more of the following voluntary contribution funds? List amount below.  
Wildlife Preservation \_\_\_\_\_ Diabetes Research \_\_\_\_\_ Special Olympics \_\_\_\_\_ Alzheimer's Research \_\_\_\_\_  
USS Illinois Commissioning Fund \_\_\_\_\_ Autism Care Fund \_\_\_\_\_ Homeless Assistance \_\_\_\_\_
- \_\_\_\_\_ Did you receive a \$7,500.00 First Time Homebuyer Credit for a purchase in 2008?
- \_\_\_\_\_ Did you at any time during the tax year make a purchase online or out of state on which IL sales tax was not paid?  
Amount of purchase(s) \_\_\_\_\_
- \_\_\_\_\_ Do you have foreign assets (including foreign held financial accounts)?
- \_\_\_\_\_ Do you have health insurance? Bring proof.

QUESTIONS YOU WOULD LIKE TO ASK \_\_\_\_\_

# EMPLOYEE BUSINESS EXPENSE

- Do you have any expense for your job which is not fully reimbursed, or the reimbursement is shown on your W-2, such as:
- › Use of your auto on the job (other than driving to and from work)
  - › Mileage / Lodging / Food for education or job hunting
  - › Temporary job assignment
  - › Meals / Lodging while away from home overnight
  - › Entertainment of Clients
  - › Use of your home as office or for sample storage
  - › Mileage to second job on same day
  - › Advertising / Office Supplies / Postage

PURCHASE OR TRADE OF VEHICLE					
	Make	Year	Date Purchased	Cost	Cash to Boot
Present Auto					
Previous Auto					

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	Make	Year	Date Purchased	Cost	Cash to Boot
Present Auto					
Previous Auto					

1. AUTOMOBILE EXPENSES		<i>If you take auto expense using optional mileage rates, complete lines 1 – 6</i>					
<i>Check box if mfg. gross vehicle weight is 6000 lbs+</i>		Vehicle 1 <input type="checkbox"/>	Vehicle 2 <input type="checkbox"/>	Vehicle 3 <input type="checkbox"/>			
1.	Total Miles Driven						
2.	Total Business Miles						
3.	Commuting Miles: Average daily round trip to job or first and last regular stop						
4.	Total Year Commuting Miles						
5.	Ending Odometer Reading (Dec. 31)						
6.	Parking & Tolls						
<i>You may have a greater deduction using actual expenses. If so, fill in the following information:</i>							
7.	Gas/Oil/Repairs/Tires/Lube/Wash/Tow						
8.	Licenses/Taxes/Ins/Auto Club/Garage						
9.	Lease Payments						
10.	Fair Market Value at time of Lease						
11.	Other						

2. TRAVEL AWAY FROM HOME	TAXPAYER	SPOUSE
Number of Nights Away from Home		
a. Airplane/Train/Cabs/Buses/etc.		
Auto Rental		
Cruise Ship Convention/Seminar		
Convention/Seminar Fees		
Lodging (actual costs)		
Laundry and Cleaning		
Other		
b. Meals & Tips (actual costs)		
3. OTHER BUSINESS EXPENSE	TAXPAYER	SPOUSE
a. Client Lunches/Beverages		
Entertainment/Tickets		
(Keep above totals separate from other costs)		
b. Business Ext. Phone + enhancements		
Long distance, fax, paging, cellular		
Commissions Paid		
Christmas Cards/Gifts		
Postage/Stationery/Supplies/Freight		
Dues/Subscriptions		
Tickets to qualified Charitable Events		
Other		

4. OFFICE IN HOME (if qualified to take deduction)	
Date Acquired Home	
Total Cost	
Cost of Land	
Cost of Improvements	
Square Footage of Home	
Square Footage of Office Area	
Rent Paid if you are Renter	
Interest	
Taxes	
Utilities/Garbage	
Insurance	
Repairs/Maintenance	
Casualty Loss (Nondeductible Amounts)	
Other	
<b>Reimbursement Not Shown Anywhere Else</b>	Part 1 - Vehicle 1
	Part 1 - Vehicle 2
	Part 2-a
	Part 2-b
	Part 3-a
	Part 3-b
	Part 4

**CHECK LIST**  
 Please check all information and amounts listed to be sure of completeness and accuracy to insure paying the least legal amount of tax.  
 Enclose all W-2s, Interest, Dividend and other 1099s. If you received any booklets, cards, labels, envelopes or correspondence from the IRS or state, please bring them.  
 Enclose Purchase/Sales/Contract Agreements or Closing Papers. **Dates are important!**

I consent to have the IRS discuss my tax return with my preparer.  
**TIMELY RECORDS** must be maintained to support the above deductions. Records must indicate who, what, why, where and when.  
 Check if you have receipts or log:  
 I have reviewed this information and to the best of my knowledge it is true, correct and complete.  
 Please sign: \_\_\_\_\_

**There are still some unlisted deductions for special situations and limitations to these deductions. During your appointment we will discuss them and answer your questions about income and deductions. When complete, call for an appointment.**