

# DEDUCTION CHECKLIST FOR 2023

## QUARTERLY ESTIMATES PAID

(PLEASE INCLUDE CANCELED CHECKS OR BANK STATEMENTS TO PROVE THIS)

	Amount	Date Paid
Federal	1 <sup>st</sup> Q \$ _____	___/___/___
	2 <sup>nd</sup> Q \$ _____	___/___/___
	3 <sup>rd</sup> Q \$ _____	___/___/___
	4 <sup>th</sup> Q \$ _____	___/___/___
Michigan	1 <sup>st</sup> Q \$ _____	___/___/___
	2 <sup>nd</sup> Q \$ _____	___/___/___
	3 <sup>rd</sup> Q \$ _____	___/___/___
	4 <sup>th</sup> Q \$ _____	___/___/___

## CONTRIBUTIONS (must have receipts for all contributions)

Total of all cash and checks \$ \_\_\_\_\_  
 Total value of non-cash \$ \_\_\_\_\_  
 Name of Charity \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date of Contribution \_\_\_/\_\_\_/\_\_\_  
 Total \$ amount of non-cash donation \$ \_\_\_\_\_  
 Please list on separate paper for more than one

Charitable Mileage \_\_\_\_\_ Miles

## MEDICAL, DENTAL, OPTICAL

Prescriptions \$ \_\_\_\_\_  
 Health ins Premiums (after tax) \$ \_\_\_\_\_  
 Doctor, Dentist, Hospital \$ \_\_\_\_\_  
 Eye Glasses, Contacts \$ \_\_\_\_\_  
 Medical Miles \_\_\_\_\_

## MISCELLANEOUS

College Tuition \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Dates Paid \_\_\_/\_\_\_ \_\_\_/\_\_\_  
 Names of Colleges \_\_\_\_\_  
 \_\_\_\_\_  
 For whom tuition was paid \_\_\_\_\_  
 Must have 1098T from school!!!!!!  
 Must have receipts for books and/or other expense

## TAXES

Primary Residence **Paid** \$ \_\_\_\_\_  
 Primary Residence **Amount Due** \$ \_\_\_\_\_  
**Taxable Value** \$ \_\_\_\_\_  
 Other property taxes \$ \_\_\_\_\_  
 Describe \_\_\_\_\_  
 Auto License Tags \$ \_\_\_\_\_  
 Sales Tax on Large Purchases \$ \_\_\_\_\_  
 Describe \_\_\_\_\_

IRA contributions \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Roth contributions \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Alimony Paid \$ \_\_\_\_\_  
 (Date divorce was final) \_\_\_/\_\_\_/\_\_\_  
 S.S. Number \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Alimony received \$ \_\_\_\_\_  
 (Date divorce was final) \_\_\_/\_\_\_/\_\_\_

Child Care Expenses \$ \_\_\_\_\_  
 Name of Caregiver \_\_\_\_\_  
 Address or Caregiver \_\_\_\_\_  
 S.S. Number or I.D. number \_\_\_\_-\_\_\_\_-\_\_\_\_

## INTEREST (paid out)

Home Mortgage \$ \_\_\_\_\_  
 2<sup>nd</sup> Mortgage \$ \_\_\_\_\_  
 PMI \$ \_\_\_\_\_  
 Home Equity Loan \$ \_\_\_\_\_  
 Points Paid \$ \_\_\_\_\_  
 Date Points Started \_\_\_/\_\_\_/\_\_\_  
 Land Contract Interest \$ \_\_\_\_\_  
 List to whom paid ( A 1099 INT must be issued to them)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 S.S. Number \_\_\_/\_\_\_/\_\_\_

Gambling Losses to the extent of winnings \$ \_\_\_\_\_  
 Student loan forgiveness amount \$ \_\_\_\_\_

## MICHIGAN USE TAX

Internet Purchases that excluded Sales Tax \$ \_\_\_\_\_  
 Mail Order Purchases that excluded Sales Tax \$ \_\_\_\_\_