

WHAT TO BRING TO YOUR TAX PREPARATION APPOINTMENT: 2024

INCOME:

- | | |
|--|---|
| <input type="checkbox"/> W-2'S | <input type="checkbox"/> PENSION/RETIREMENT |
| <input type="checkbox"/> 1099'S | <input type="checkbox"/> RENTAL INCOME |
| <input type="checkbox"/> INTEREST EARNED | <input type="checkbox"/> K-1 (CORP, PARTNERSHIPS, TRUSTS) |
| <input type="checkbox"/> DIVIDENDS | <input type="checkbox"/> FARM/SELF EMPLOYMENT INCOME |
| <input type="checkbox"/> ALIMONY RECEIVED | <input type="checkbox"/> INSTALLMENT SALES |
| <input type="checkbox"/> LOTTERY/GAMBLING WINNINGS | <input type="checkbox"/> STOCKS/BONDS |
| <input type="checkbox"/> UNEMPLOYMENT | <input type="checkbox"/> COMMISSIONS |
| <input type="checkbox"/> SOCIAL SECURITY | |

POSSIBLE DEDUCTIONS:

MEDICAL:

DR.	\$	DENTURES	\$
DENTIST	\$	ORTHOPEDIC SHOES	\$
EYE EXAM/GLASSES/CONTACTS	\$	WHEELCHAIRS	\$
PRESCRIPTIONS	\$	HEARING AIDS/BATTERIES	\$
HOSPITAL/LABS/X RAYS	\$	AMBULANCES	\$
NURSES	\$	MEDICAL MILES DRIVEN	
CANES/BRACES/CRUTCHES	\$	LONG TERM CARE INS	\$

TAXES:

REAL-ESTATE	\$
INCOME TAXES	\$
OTHER TAXES	\$

INTEREST PAID

REFINANCE COST	\$
HOME MORTGAGE	\$
POINTS PAID AT CLOSING	\$
INVESTMENT INTEREST	\$

BUSINESS EXPENSES:

CELL PHONE	\$
HOME OFFICE	\$
EQUIPMENT	\$
MEALS	\$
VEHICLE EXPENSES OR MILEAGE	\$
CONT.ED, LICENSES, CLASSES	\$

MISCELLANEOUS:

ENERGY IMPROVEMENT CREDIT	
IRA CONTRIBUTIONS	
HSA CONTRIBUTIONS	
MARKET PLACE MEDICAL INS	
ELECTRIC VEHICLE CREDIT	

CHARITABLE CONTRIBUTIONS:

CASH	\$
NON CASH	\$
VOLUNTEER MILEAGE	

CHILD CARE PROVIDER

NAME: _____
ADDRESS: _____
EIN # _____

LINDA'S TAX SERVICE
6314 NE 137TH AVE.
610 NE 112TH AVE.
VANCOUVER, WA 98682
360-882-3978

CALL FOR AN APPOINTMENT

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