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NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_

**2017 EDUCATOR  
 TAX DEDUCTION CHECKLIST**

\*Certified Specialist in Taxation  
 Law, State Bar of California Board of  
 Legal Specialization

IF THIS CHECKLIST IS BEING USED FOR EMPLOYEE  
 BUSINESS EXPENSES ONLY – AND SPOUSE CHECKLIST  
 CONTAINS OTHER TAX INFORMATION-DO NOT DUPLICATE,  
 JUST CHECK HERE

<u><b>EDUCATION RELATED EXPENSES</b></u>	<u><b>Cellular Phone Use</b></u>	<u><b>Charitable Contributions of Money</b></u>								
Union Dues per year _____	Total monthly bill \$_____ (employee portion only)	(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-cash donations cannot be deducted)								
Other Associations _____	Percentage of _____% Business Use									
Food/Refreshments _____		\$_____								
Protective clothing & Equipment <sup>1</sup> _____	<u><b>Unreimbursed Business Miles (Annual)</b></u>	<b>TOTAL MONEY CONTRIBUTIONS</b>								
Binoculars _____	Temporary _____miles work locations (including offsite training or between regular assignments)	<u><b>Charitable Contribution of Property</b></u>								
Briefcase/Bag _____	Job seeking _____miles	(For contributions under \$500 you must have either a receipt from the charity or records containing the date and nature of the donation. For donations of a fair market value over \$500 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)								
Camera & Supplies _____	Job related _____miles Education	Charity                      Fair Market Value								
Books/Magazines _____	<u><b>Job Related Education<sup>4</sup></b></u>	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
Printing _____	<u><b>Note: Educational expenses to obtain a basic teaching credential are NOT deductible</b></u>									
Art Supplies _____	Tuition paid _____									
Office Supplies _____	Books & Supplies _____									
Field Trip Expense <sup>2</sup> _____	If a degree program, describe course of study _____									
Professional Development _____										
Software _____										
Computer Hardware <sup>3</sup> _____										
Tape Recorder _____										

<sup>1</sup> Clothing must be specialized and not suitable for ordinary wear  
<sup>2</sup> Food expenses are only deductible if an overnight stay is involved  
<sup>3</sup> The purchase of an actual computer will require a letter from the employer requiring the teacher make this expenditure. Accessories are deductible regardless.  
<sup>4</sup> Job related education is that which maintains or improves skills but cannot be the minimum education required to obtain an entry level license or credential.

**NEW DEPENDENT INFORMATION**

New Dependents in 2017? Yes No

#1

SSN \_\_\_\_\_

NAME \_\_\_\_\_

DOB \_\_\_\_\_

#2

SSN \_\_\_\_\_

NAME \_\_\_\_\_

DOB \_\_\_\_\_

**CHILD CARE INFORMATION**

NO CHILD CARE EXPENSE

Participate in Dependent Care Benefits (pre-tax through payroll)? Yes  No

**Provider 1**

Name \_\_\_\_\_

Same as last year

**If new:** Tax ID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Amount paid to provider #1 \$ \_\_\_\_\_

Amount paid per child \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**CHILD CARE INFORMATION**

**Provider 2**

Name \_\_\_\_\_

Same as last year

**If new:** Tax ID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Amount paid to provider #2 \$ \_\_\_\_\_

Amount paid per child \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Please attach a supplement for additional Child Care providers

**FOREIGN BANK ACCOUNT**

Name of country or countries where foreign account are held:

\$ \_\_\_\_\_ Mortgage Insurance Premiums

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

**Total Medical Expenses Paid**

(only amounts exceeding 10% 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)**

\$ \_\_\_\_\_

**Total Student Loan Interest paid in 2017**

\$ \_\_\_\_\_

**Tuition paid out of pocket for non-job related education (college level)**

Family Member Amount Level


**Mortgage Interest Paid on your 1<sup>st</sup> and 2<sup>nd</sup> homes (do not include rentals)**

Lender Amt. HELOC?

		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**OTHER UNREIMBURSED EXPENSES OR DEDUCTIONS NOT LISTED ABOVE**


**OTHER COMMENTS OR ISSUES**

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