

# DEDUCTIONS CLAIMED

## MEDICAL EXPENSES to whom paid

Health, Accident, Insurance Premium	\$	_____
Medicare Premium (W/H from Soc. Sec.)	\$	_____
Drugs and Medicines	\$	_____
Long Term Care INS Prem	\$	_____
Dr.	\$	_____
Dr.	\$	_____
Dr.	\$	_____
Dr.	\$	_____
Dr.	\$	_____
Dr.	\$	_____
Dentist	\$	_____
Dentist	\$	_____
Hospital	\$	_____
Laboratory/X-Rays	\$	_____
Travel Necessary To Get Medical Care	\$	_____ Miles
Parking/Taxi/Bus/Air Fare	\$	_____
Ambulance	\$	_____
Glasses/Eye Exams	\$	_____
Hearing Aid/Batteries	\$	_____
Prosthetic Appliance	\$	_____
Sick Room Supplies & Appliances	\$	_____
In Home Attendant or Nursing Service	\$	_____
Lodging for Medical Care	\$	_____
Insurance Reimbursements <small>(For Amounts Listed Above)</small>	\$	_____

## TAXES

State Income Tax-Prior Year Returns	\$	_____
State Current Year Estimate <small>(From Page 1)</small>	\$	_____
State From W-2's	\$	_____
Real Estate Tax	\$	_____
S.D.I. Withheld	\$	_____
Personal Property Tax	\$	_____
Auto License (Less Reg. Fee)	\$	_____
Others	\$	_____
Sales Tax on Auto Purchase	\$	_____

## INTEREST to whom paid

Home Mortgage Interest and Points <small>(Attach copies of Form 1098)</small>	\$	_____
Home Mortgage Interest, Not on Form 1098	\$	_____
Mortgage Int. Paid to Individual <small>(List Name, Address &amp; Identifying Number)</small>	\$	_____
Refinance? Bring Settlement Sheet	\$	_____
Points Paid on Mortgage Loan <small>(Not on Form 1098)</small>	\$	_____
Other Mortgage Interest	\$	_____
Investment Interest	\$	_____

## CONTRIBUTIONS to whom paid

Churches	\$	_____
Community Chest/United Crusade	\$	_____
Red Cross	\$	_____
Xmas and Easter Seals	\$	_____
Heart Fund/Cancer Fund	\$	_____
Payroll Deductions	\$	_____
Scouts	\$	_____
Hurricane Relief Contributions	\$	_____
Contributions, Non-receipted—Church	\$	_____
Other	\$	_____
<b>NON CASH CONTRIBUTIONS</b>	\$	_____
Salvation Army/Goodwill Industries	\$	_____
Other	\$	_____
Miles Driven For Charity	_____ Miles	

(Any gift of \$250 or more requires documentation from charity)

## CASUALTY

Total Casualty Loss (Attach Documentation)	\$	_____
--	----	-------

(Examples: Theft, Earthquake, Fire, Flood)

## MISCELLANEOUS

Auto Expenses	\$	_____
Business Miles	Miles	_____
Commuting Miles	Miles	_____
Other Miles	Miles	_____
Business Meals and Entertainment	\$	_____
Employment Agency Fees	\$	_____
Income Tax Preparation	\$	_____
IRA or Keogh Plan Fees	\$	_____
Job Education Expenses	\$	_____
Job Hunting Expenses	\$	_____
Legal <small>(For Protection of Taxable Income)</small>	\$	_____
Mutual Fund Fees	\$	_____
Safe Deposit Box Fees	\$	_____
Safety Equipment	\$	_____
Small Tools (Estimated Life 1 Yr. or Less)	\$	_____
Subscriptions (Trade Journals)	\$	_____
Business Phone, Fax and Pager Expenses	\$	_____
Business Travel <small>(Excluding Meals and Entertainment)</small>	\$	_____
Uniforms (Not General Wear) - Cost	\$	_____
Uniforms, Laundry & Cleaning	\$	_____
Union Dues & Professional Dues	\$	_____
Others	\$	_____

} Bring Mileage Log

## ADJUSTMENTS TO INCOME

Alimony (Paid To _____)	\$	_____
Social Security Number _____	\$	_____
Moving Expenses (Work Related)	\$	_____
Health Savings Account (HSA) deduction	\$	_____
Student Loan Interest Paid	\$	_____
Qualified Teaching Expenses	\$	_____

## TAX CREDITS

Hybrid Auto Credit	\$	_____
Child Care (No. of Children _____)	\$	_____
Other Credits (Attach Documentation)	\$	_____

## EXPLANATIONS: