TAXPAYER NAME_____

TAX YEAR _____

MEDICAL (Do not include amounts reimbursed by insurance.)			CONTRIBUTIONS	
Medicare Premiums Paid		\$	Cash or Check Donations	\$
Other Health, Dental & Cancer Insurance			Items or Property donated (less than \$500) \$	\$
Long Term Care Insurance Premiums Paid Medical Miles (# of miles - do not calculate \$ amount)		\$	If over \$500 donated - you must bring supporting documents Charitable Miles (# of miles - do not calculate \$ amount)	
Prescription Drugs		\$	_	
Doctors, Dentists, Hospitals		\$	OTHER DEDUCTIONS	
Glasses, Contacts, Hearing Aids & Supplies		\$	Union & Professional Dues	. \$
Lodging		\$	Professional Publications	\$
Other (itemize)		\$	Uniforms, Safety Shoes & Equipment, Etc	\$
			Teaching Supplies	\$
TAXES			Job Hunting Expense	. \$
Real Estate		\$	Job Related Education	. \$
Tax on Vehicle Tags		\$	Safe Deposit Box	. \$
Sales Tax on Motor Vehicles, Boats, & Building Materials			Investment Expenses	\$
			Tax Preparation & Consultation	\$
ESTIMATED TAXES PAID			Alimony Paid	\$
Date Paid Federal \$ State \$			IRA (Traditional) - Taxpayer	\$
			IRA (Roth) - Taxpayer	. \$
			IRA (Traditional) - Spouse	\$
			IRA (Roth) - Spouse	\$
INTEREST Bring all Form 1098s OR Home Mortgages (1st & 2)	•	tion	CHILD CARE EXPENSES List provider names, addresses, federal numbers and amount paid on separa YOU MUST HAVE PROVIDER'S ID #	ate page.
Home Equity Line		\$	OTHER ITEMS	
Vendors Lien		\$	ATTACH ALL SUPPORTING DOCUMENT FOR THE FOLLOWING ITEMS:	S & DETAILS
Paid To			Employee Business Expense	
Address			Casualty or Theft Loss	
			Moving Expenses	
Student Loan Interest Paid		\$	- .	

Tax Credit or Deduction for College Tuition & Fees