

TAXPAYER NAME

MEDICAL

(Do not include amounts reimbursed by insura	ance.)
Medicare Premiums Paid	\$
Other Health, Dental & Cancer Insurance	\$
Long Term Care Insurance Premiums Paid Medical Miles	. \$
(# of miles - do not calculate \$ amount)	
Prescription Drugs	\$
Doctors, Dentists, Hospitals	\$
Glasses, Contacts, Hearing Aids & Supplies	\$
Lodging	\$
Other (itemize)	\$

TAXES

Real Estate	\$
Tax on Vehicle Tags	\$
Sales Tax on Motor Vehicles, Boats, & Building	
Materials	\$

ESTIMATED TAXES PAID

Date Paid	Federal \$	State \$

INTEREST

Bring all Form 1098s <u>OR</u> Complete this section

Home Mortgages (1st & 2nd Homes)

Home Equity Line	\$
Vendors Lien	\$
Paid To	
Address	
Student Loan Interest Paid	\$

CONTRIBUTIONS

Cash or Check Donations.	\$
Items or Property donated (less than \$500)	\$
If over \$500 donated - you must bring	
supporting documents	
Charitable Miles	
(# of miles - do not calculate \$ amount)	

OTHER DEDUCTIONS

Union & Professional Dues	\$
Professional Publications	\$
Uniforms, Safety Shoes & Equipment, Etc	
Teaching Supplies	\$
Job Hunting Expense	\$
Job Related Education	\$
Safe Deposit Box	\$
Investment Expenses	\$
Investment Expenses Tax Preparation & Consultation	\$ \$
Tax Preparation & Consultation	\$ \$
Tax Preparation & Consultation	\$ \$ \$
Tax Preparation & Consultation Alimony Paid IRA (Traditional) - Taxpayer	\$ \$ \$

CHILD CARE EXPENSES

List provider names, addresses, federal identification numbers and amount paid on separate page. YOU MUST HAVE PROVIDER'S ID # TO FILE!

OTHER ITEMS

ATTACH ALL SUPPORTING DOCUMENTS & DETAILS FOR THE FOLLOWING ITEMS:

- Employee Business Expense
- _____ Casualty or Theft Loss

Moving Expenses (Military ONLY)

Tax Credit or Deduction for College Tuition & Fees

If you plan to claim a college tuition tax credit or deduction for yourself, your spouse, or dependent(s), you must bring all Form 1098-Ts from all colleges and universities attended, AND any documents regarding PACT Plans or IRA withdrawals for education purposes.