TAXPAYER NAME\_\_\_\_\_

TAX YEAR \_\_\_\_\_

MEDICAL (Do not include amounts reimbur	read by incurance )	CONTRIBUTIONS	
Medicare Premiums Paid	\$	_ Cash or Check Donations	\$
Other Health, Dental & Cancer Insu		Items or Property donated (less than \$500)	\$
Long Term Care Insurance Premius Medical Miles (# of miles - do not calculate \$ amo		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	\$		
Tax on Vehicle Tags	·····\$	_	
Sales Tax on Motor Vehicles, Boats, & Building Materials		_	\$
		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 Comple Home Mortgages (1st & 2nd Homes		CHILD CARE EXPENSES  List provider names, addresses, federal ider numbers and amount paid on separate provider NOU MUST HAVE PROVIDER'S ID # TO	page.
Home Equity Line	\$	OTHER ITEMS	
Vendors Lien	\$	ATTACH ALL SUPPORTING DOCUMENTS 8  FOR THE FOLLOWING ITEMS:	& DETAILS
Paid To	<del> </del>	Employee Business Expense	
Address		Casualty or Theft Loss	
		Moving Expenses - MILITARY ONLY	
Student Loan Interest Paid	\$		

Tax Credit or Deduction for College Tuition & Fees