

Itemized Deductions

List amounts only unless specifically stated otherwise

Medical and Dental

Health Insurance Premiums* _____

Dental Insurance Premiums* _____

Long-term Care Premiums* _____

*only include amounts paid after tax (out of pocket) do not include pre-tax deductions from paycheck or amounts deducted from social security

Non-covered out of pocket and copays for:

Doctors: _____

Dentists: _____

Vision (glasses contacts): _____

Prescribed Drugs: _____

Medical Equipment: _____
(wheel chair, cane, oxygen, non-allergenic, etc)

Cost of Prescribed Therapy: _____
(dietary, physical therapy)

Taxes Paid

Real Estate Taxes: _____

Ad valorem tax on car tags: _____

Fire or Library Dues: _____

Home Mortgage Interest
(List by Company and **Attach Form 1098**)

1) _____

2) _____

3) _____

Charitable Contributions

By cash, check or credit card: _____

In Kind (clothing, furniture, etc.) _____
If in-kind contributions are more than \$500

Donee Organization: _____

Address: _____

Type of goods: _____

Date contributed: _____ Value: _____

Other Miscellaneous:

Prior Year Tax Preparation Fee: _____

Unreimbursed Employee Expenses

If self employed, see Page 5 (Schedule C) below

Uniforms _____

Uniform Cleaning _____

Safety Shoes _____

Other Safety Equip _____

Tools _____

Phone (% business) _____

Travel/Seminars _____

Meals & Entertain _____

Other _____

Miles Driven _____

Car Yr/Make/Model _____

If claiming Per Diem for Out of Town Work

Days _____ City _____

Days _____ City _____

Days _____ City _____

Gambling Losses:

Attach Forms 1099-G