

# DEDUCTIONS

## ALIMONY PAID

Paid To	SSN#	Amount
		\$

## TAXES PAID

Real Estate			
Personal Property			
Estimated Taxes	Federal	State	Date Paid
-Due 4/15			
-Due 6/15			
-Due 9/15			
-Due 1/15			

## INTEREST PAID

Type	Payee	Amount
Installment Sale		\$
Investment		
Mortgage (Form 1098)		
Home Equity (Form 1098)		

## IRA CONTRIBUTIONS

Family Member	Date Paid	Amount	Roth / Trad.
Taxpayer			
Spouse			

Your current year IRA contribution may be made through April 15. Please note type of IRA.

## CHARITABLE GIFTS

Donations made by Cash or Check	Amount
	\$

Do you have written evidence of donation?  Yes  No

Non-Cash Donations	Orig. Cost	Fair Mkt. Value
	\$	\$

Do you have written evidence of donation?  Yes  No

## CHILD CARE EXPENSES

PROVIDER NAME / ID #	Amount
	\$

## CASUALTY/THEFT LOSS

Damage/loss from	Amount
Fire, Flood, Wind	\$
Accident	
Theft	

## HEALTH CARE EXPENSES

Out-of-Pocket Payments for:	Amount
Ambulance	\$
Chiropractor	
Dentist	
Doctor's Fees	
Equipment (prescribed)	
Eyeglasses/Contacts	
Hearing Aids & Supplies	
Hospital	
Insurance (Dental/Health) <i>Pre-Tax?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Laser Eye Surgery	
Lodging for Treatment	
Medical Mileage (number of miles _____)	
Nursing Care	
Optometrist	
Orthodontist	
Physical Therapist	
Prescriptions & Drugs	
Smoking Cessation Program	
X-Rays	
Long Term Care Insurance	

## MISCELLANEOUS EXPENSES

Description	Amount
Employment Agency Fee	\$
Entertaining Business Clients	
Lodging - Business	
Meals (business away from home)	
Mileage (Fill out Vehicle Worksheet)	
Professional Dues	
Safety Equipment	
Tax Preparation	
Trade Journal Subscription	
Small Tools and Supplies	
Tool (work related) <i>Supply list and amounts</i>	
Uniforms (cost and cleaning)	
Amounts Reimbursed by Your Employer	

## MOVING EXPENSES

Description	Amount
Gas/Oil During Move	\$
Insurance of Belongings	
Lodging During Move	
Mileage of Move _____ miles x _____ rate	
Pack/Move Belongings	
Storage (30 days)	
# of Miles: Old home to old job	
# of Miles: Old home to new job	

## EDUCATIONAL EXPENSES (Provide all 1098-T Forms)

STUDENT NAME	TUITION AMOUNT	AMT. PAID FOR BOOKS	PAID BY STUDENT OR PARENT?	NAME OF INSTITUTION