

DEDUCTIONS

ADJUSTMENTS	AMT.	INTEREST YOU PAID*	AMT.
Your IRA Deduction		Home Mortgage 1st Loan ..	
Spouse's IRA Deduction		Home Mortgage 2nd Loan ..	
Keogh & SEP Deduction		Home Mortgage 3rd Loan ..	
Penalty/Early Savings Withdrawal		Were any of the above payments made to an individual? YES NO	
Self-Employed Health Insurance Premium		Were any of the above mortgages incurred after 8/16/86? YES NO	
Alimony Paid		Home Mortgage Points Paid	
Recipient's S.S. # _____		(A) For purchase or improvements	
		(B) For refinance	
		Investment Interest	

MEDICAL AND DENTAL

***NOTE:** Medical expenses are deductible only to the extent that they exceed 7½% of your adjusted gross income. *Example: If your adjusted gross income is \$30,000, only the amount over \$2,250 of unreimbursed medical expenses are deductible.*

Medicines and Prescription Drugs	
Doctors, Dentists, Nurses, Hospitals	
Names Optional	
Doctor _____	
Doctor _____	
Doctor _____	
Dentist _____	
Insurance Premium Paid	
Miles Driven to Doctor/Dentist/Hospital	
Eyeglasses/Hearing Aids	
Other Medical Expenses	

**If you are uncertain as to how to interpret your statements, please bring statements.*
NOTE: Consumer interest is not deductible. Consumer interest consists of interest paid for credit cards, car loans, credit union loans and interest paid for other personal (non-business) loans.

CONTRIBUTIONS YOU MADE

Cash Contributions (Total)	
Other Than Cash — (Clothing/Furniture, etc.)	
<i>(Estimate Fair Market Value — If over \$500, please compile list and fair market value of each item.)</i>	

MISCELLANEOUS DEDUCTIONS

Unreimbursed Employee Business Exp.	
Union and Professional Dues	
Tax Return Preparation	
Investment Expense	
Safety Shoes/Work Clothing	
Work Tools/Equipment	
Educational Expenses	
Job Seeking Costs	
Gambling Losses <small>(Allowed only to extent of reported winnings)</small>	
Other Miscellaneous Deductions	

TAXES YOU PAID

Real Estate Taxes on Home*	
Taxes on Unimproved R.E. (Land)	
State and Local Income Taxes	
Personal Property Taxes (Boat, Mobile Home)	
Auto License(s) Total Paid	
(Number of Autos)	
Other Taxes Paid	

**For simplicity you may wish to bring your statement from your lender(s).*

- (1) Did you have any expenses for a job related move of 35 miles or over? *(If so, bring list of all expenses.)* YES NO
- (2) Did you have any casualty or theft losses? YES NO

*Losses are deductible only to the approximate extent that they exceed 10% of your income

QUARTERLY ESTIMATED TAX PAYMENTS

DUE DATE	4/15	6/15	9/15	1/15
DATE PAID				
FEDERAL	\$	\$	\$	\$
STATE	\$	\$	\$	\$

Enter here any other expenses that you think may be deductible or any questions you may wish answered.

CHILD AND DEPENDENT CARE EXPENSES

CARE PROVIDER'S NAME	STREET, CITY, STATE, ZIP CODE	I.D. NUMBER (SSN or TIN)	AMOUNT PAID