

## DEDUCTIONS CHECKLIST

**Medical Expenses**

Medical Insurance Premiums \$ \_\_\_\_\_  
 Medical Services (itemization not required)  
 Doctors and Dentists \$ \_\_\_\_\_  
 Medicine and Drugs (Rx only) \$ \_\_\_\_\_  
 Hospitals and Clinics \$ \_\_\_\_\_  
 Glasses / Contact Lenses \$ \_\_\_\_\_  
 Hearing Aids & Batteries \$ \_\_\_\_\_  
 Laboratory Fees \$ \_\_\_\_\_  
 X-rays \$ \_\_\_\_\_  
 Orthopedic equipment \$ \_\_\_\_\_  
 Physical Therapy \$ \_\_\_\_\_  
 Ambulance \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

Medical Travel: \_\_\_\_\_ miles \$ \_\_\_\_\_  
 (OFFICE USE: @ \_\_\_\_\_ c / mile) \$ \_\_\_\_\_  
 Less Insurance Reimbursement \$ \_\_\_\_\_

**Taxes**

Real Estate Taxes \$ \_\_\_\_\_  
 DMV Auto License Plate Fees \$ \_\_\_\_\_  
 Taxes Paid to Other States \$ \_\_\_\_\_  
 State Income Tax Paid This year on return \$ \_\_\_\_\_  
 Sales Tax, Vehicles, Boats & Planes \$ \_\_\_\_\_

**Contributions**

Churches:  
 Name \_\_\_\_\_ \$ \_\_\_\_\_  
 Name \_\_\_\_\_ \$ \_\_\_\_\_  
 Name \_\_\_\_\_ \$ \_\_\_\_\_  
 Sunday School & loose offerings \$ \_\_\_\_\_  
 Misc. Charitable Organizations:  
 Name \_\_\_\_\_ \$ \_\_\_\_\_  
 Name \_\_\_\_\_ \$ \_\_\_\_\_  
 Name \_\_\_\_\_ \$ \_\_\_\_\_  
 Charitable Travel: \_\_\_\_\_ miles  
 (OFFICE USE: @ \_\_\_\_\_ c / mile) \$ \_\_\_\_\_  
 Value of non-cash items contributed  
 (If over \$500.00, bring itemized list) \$ \_\_\_\_\_

**Casualty Losses**

(Current law only allows deduction of losses which exceed 10% of Adjusted Gross income)  
 Fire, theft, storm (provide police report) \$ \_\_\_\_\_  
 Auto Accident \$ \_\_\_\_\_  
 Property Damage \$ \_\_\_\_\_  
 Less Insurance Reimbursement \$ \_\_\_\_\_

**Interest**

1st Home Mortgage \$ \_\_\_\_\_  
 2nd Home Mortgage \$ \_\_\_\_\_  
 If mortgage is paid to individuals, show persons name and address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Miscellaneous**

Home Improvement / Equity Loan \$ \_\_\_\_\_  
 Child or dependent care (while both parents are employed or students)  
 Provider: \_\_\_\_\_ \$ \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Tax ID #: \_\_\_\_\_  
 Provider: \_\_\_\_\_ \$ \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Tax ID #: \_\_\_\_\_

Union Dues \$ \_\_\_\_\_  
 Investment Expenses (i.e. commissions, publications, safe dep. box) \$ \_\_\_\_\_  
 Job Seeking Expenses \$ \_\_\_\_\_  
 Uniforms \$ \_\_\_\_\_

Our staff professionals offer many services in addition to tax preparation. Please feel free to ask your preparer about Tax Sheltered Annuities, Disability Insurance, Investment-Grade Insurance, Retirement Planning and Life Insurance

TAXPAYER STATEMENT: The information contained in this Tax Checklist is true, correct and complete to the best of my (our) knowledge. Each item can be substantiated by receipts, checks and/or other personal documentation

Client Signature \_\_\_\_\_ Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

### NOTES AND ADDITIONAL INFORMATION