

ITEMIZED DEDUCTIONS AND CREDIT ITEMS

PAYMENTS TO AN IRA OR KEOGH PLAN

Indicate type of plan: IRA KEOGH SEP

Husband Amount \$ _____ Date _____

Wife Amount \$ _____ Date _____

CHILD CARE EXPENSES (Bring List of Monthly Totals)

Enter the number of persons cared for _____

You are required by law to provide the names, addresses, ID numbers and amounts paid to each child care provider.

EMPLOYEE BUSINESS EXPENSES

Odometer Reading: End of year _____
Beginning of year _____
Total miles driven _____
Business miles _____

Other Employee Business Expenses:

Reimbursed Business Expenses: _____

MEDICAL EXPENSES If Self Employed

Insurance & Medicare Premiums _____

Prescription Medicines _____

Doctors _____

Dentists _____

Hospital _____

Ambulance _____

Other Medical Expenses _____

Total _____

Transportation & Lodging _____

Other (Include hearing aids, dentures, eyeglasses, etc.) _____

TAXES

Real Estate Taxes - Personal Residence _____

Real Estate Taxes - Other _____

Personal Property Tax _____

City/County Taxes _____

Other _____

State Tax Estimates Date Paid _____

Date Paid _____

Date Paid _____

Date Paid _____

LOANS

If you borrowed money during the year, bring a list showing the amounts, dates, and use of proceeds.

INTEREST EXPENSE

-----MAIN HOME & SECOND HOME-----

If you refinanced your mortgage during this tax year, please bring all refinancing papers.

Home Mortgage - Paid to Financial Institution _____

Home Mortgage - Paid to Individual _____

Name of Individual _____

Address _____

City/State/Zip _____

Social Security Number _____

Second Home Mortgage _____

Mortgage Points _____

Investment Interest _____

CONTRIBUTIONS

Churches _____

Other Cash Contributions _____

Charitable Auto Mileage _____

Property Donated For Which You Have Receipts (fair market value) _____

Other _____

CASUALTY & THEFT LOSSES

Description of Property _____

Cost of Property Lost _____

Fair Market Value of Property _____

Insurance Reimbursement Received _____

MISCELLANEOUS

2% LIMIT: Employee Education _____

Hobby Losses _____

Job Seeking _____

Safe Deposit Box _____

Safety & Protective Equipment _____

Subscriptions - Business Journals _____

Tax Return Preparation Fee _____

Tools Required For Job _____

Uniforms _____

Union and Professional Dues _____

Gambling Losses _____

Impairment Related Work Expenses _____

Other _____

PENALTY / EARLY WITHDRAWAL

ALIMONY PAID

QUESTIONS FOR MY TAX PREPARER: _____
