

Deductions

Doctor/hospital co pays _____

Prescriptions _____

Out of Pocket Health insurance _____

Dental _____

Glasses and med equipment _____

Long term care insurance _____

Medical miles _____

Taxes Paid

Real estate tax _____

Car boat trailer advalorum tax _____

Mortgage interest

First Mortgage _____

Second mortgage _____ PMI _____

Contributions

Check or Cash to Church and or charity (over \$250 receipt required) _____

Goods to Salvation Army/Goodwill/etc, _____

Work Expenses

Tools, boots, safety equipment, uniform expense _____

Union Dues _____

Educator Expense _____

Tax Prep Fees (previous year) _____

Daycare expense must have tax ID _____

Under penalty of perjury. I the taxpayer, state that all deductions are true and accurate. I provided all deductions to my tax preparer.

Taxpayer or spouse signature _____

Date: _____