

ITEMIZED DEDUCTIONS			
<b>MEDICAL EXPENSES</b>			
Medical and dental expenses	\$	Eye glasses	\$
Health insurance premiums	\$	Hearing aids	\$
Medicare premiums	\$	Supplies rented/purchased	\$
RX insurance premiums	\$	Ambulance	\$
Long term care premiums	\$	Miles driven for medical	
Prescription Drugs	\$	Lodging for medical care	\$
Insurance reimbursements received in current year			\$
<b>TAXES</b>			
Real estate taxes March	\$	Auto license fees	\$
Real estate taxes Sept.	\$	# of autos -	# of pickups -
<b>INTEREST EXPENSES</b>			
Home mortgage interest paid to financial institutions - Bring in Form 1098			\$
Home mortgage interest paid to individual			\$
Name:		Social Security #	
Address:			
<b>CONTRIBUTIONS YOU MADE</b>			
Checks and cash (a \$250 or more check must be substantiated)			\$
Mileage in connection with work for charitable organizations			\$
Receipts are needed for non-cash items of over \$500. List separately food, clothing etc.			
To Whom Donated:			\$
<b>CASUALTY OF THEFT LOSSES</b>			
Your loss minus insurance received must exceed 10% of your income			
<b>MISCELLANEOUS DEDUCTIONS</b>			
Union Dues	\$	Tools & Supplies	\$
Uniforms and Laundry	\$	Prof. Publications	\$
Safety Equipment	\$	Continued Education	\$
Tax Preparation Fees	\$	Safe Deposit Box	\$
Other	\$	Other	\$
<b>EMPLOYEE BUSINESS EXPENSE AND JOB HUNTING EXPENSE</b>			
Mileage			Total amount of Vehicle expenses
Total Miles	Business	# Days Overnight	Fuel, License, Repairs, Insurance, Etc.
			\$
			\$
			\$