DEDUCTIONS AND CREDIT ITEMS

NOTE: Immediately Save the Deduction and Credit Items prior to filling in the form

*****The Date Box, Click the drop down arrow to select the date*****

PAYMENTS TO A TRADITIONAL IRA

Husband Date Amount $
Wife Date Amount $

PAYMENTS TO A ROTH IRA

Husband Date Amount $
Wife Date Amount $

PENALTY FOR EARLY WITHDRAWAL
ALIMONY PAID _____
SELF-EMPLOYED HEALTH INSURANCE _____
KEOGH, SEP, & SIMPLE CONTRIBUTIONS _____

MEDICAL EXPENSES

Medical Savings Account (MSA) contributions _____
Health Savings Account (HSA) contributions _____
Insurance & Medicare premiums Prescriptions _____
Eyeglasses _____
Doctors _____
Dentists _____
Hospital _____
Ambulance _____
Auto mileage _____
Other travel expenses _____
Hearing aids & batteries _____
Other medical expenses _____
Reimbursements _____

TAXES

Real estate tax
State estimated tax Date pd. _____
Date pd. _____
Date pd. _____
Date pd. _____
Personal property tax _____
City / county tax _____
Sales tax _____
Other _____

INTEREST EXPENSE

Home mortgage – pd. to financial institutions _____
Home mortgage – pd. to individuals _____
(Include name and SS# of individuals)

_____

Investment interest _____
Interest pd. on student loans _____

CONTRIBUTIONS

Churches _____
Other cash contributions _____
Charitable auto mileage _____
Property donated for which you have _____
receipts (fair market value) _____
Other _____

CASUALTY & THEFT LOSSES

Cost of property lost _____
Fair market value of property _____
Insurance reimbursement received _____

MOVING EXPENSES

Travel & lodging _____
Moving household goods _____

AUTOMOBILE EXPENSES

Total miles _____
Business miles _____
Gas & oil _____
Interest _____
Tolls & local transportation _____
Other _____ _____

MISCELLANEOUS

Dues & subscriptions _____
Education _____
Safety equipment _____
Uniforms _____
Job seeking expenses _____
Legal & accounting _____
Tools _____
Business entertainment _____
Investment & tax advice _____
Safe-deposit box _____
Hobby losses _____
Gambling losses _____
Impairment related work expenses _____
Classroom expenses for teachers _____
Other _____ _____
_____ _____
_____ _____

CHILD CARE EXPENSES – Bring list of monthly totals

Provider's name	*Address*	*ID# of provider(s)*	*Amount pd.*

EDUCATION CREDITS

Name of institution	*Tuition pd*	*Who attended*	*When classes began*

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