

List **INTEREST** and/or **DIVIDEND** income by source and amount (Please Bring The 1099 Forms):

_____ \$ _____ \$ _____ \$ _____

List **Other Income:** _____ \$ _____

List **UNEMPLOYMENT COMPENSATION RECEIVED**.....Husband or Single \$ _____ Wife..... \$ _____

List **SOCIAL SECURITY BENEFITS RECEIVED**..... Husband or Single \$ _____ Wife.....\$ _____

List amounts **contributed** to **IRA ACCOUNTS** Husband or Single \$ _____ Wife.....\$ _____

Check Box if you **Itemized Your Deductions** last year.....

Student Loan Interest Paid.....\$ _____

MEDICAL EXPENSES: Please **DO NOT** include amounts paid by **PRE-TAX PAYROLL DEDUCTION**. (Cafeteria Plan)

Did you have Medical Insurance? We will need proof of coverage. Your insurance card is NOT proof of coverage.

PRESCRIPTION DRUGS \$ _____ HOSPITALIZATION INS. \$ _____ DENTAL \$ _____

EYE GLASSES..... \$ _____ HOSPITALS \$ _____ DR. _____ \$ _____

MISCELLANEOUS..... \$ _____ DR. _____ \$ _____ MEDICAL EQUIPMENT \$ _____

TAXES PAID:

REAL ESTATE TAX..... \$ _____ EXCISE TAX \$ _____ \$ _____

ADDITIONAL STATE TAX PAID WITH LAST YEARS RETURN \$ _____ \$ _____

HOME MORTGAGE INTEREST (List Mortgage Company or individual and amount)

_____ \$ _____ \$ _____ \$ _____

CHARITABLE DONATIONS (List Non-Profit Organization and amount)

CHURCH..... \$ _____ \$ _____ \$ _____

UNITED WAY/CFC.....\$ _____ \$ _____ \$ _____

MISCELLANEOUS EXPENSES

UNION DUES..... \$ _____ PROF. BOOKS..... \$ _____ TOOLS FOR JOB..... \$ _____

SAFETY SHOES \$ _____ GLOVES..... \$ _____ UNIFORM EXPENSES... \$ _____

PROF. EDUCATION.... \$ _____ SAFE DEPOSIT BOX..... \$ _____ TAX SERVICE FEE..... \$ _____

TRAVEL OR AUTO EXPENSES INCURRED ON YOUR JOB

MOTELS & AIRFARE.....\$ _____ CAR RENTAL.....\$ _____ TOTAL MILEAGE..... _____

MEALS (ACTUAL AMOUNT OR NUMBER OF DAYS AWAY)..... \$ _____ BUSINESS MILEAGE.... _____

LONG DIST/CELLULAR...\$ _____ INSURANCE, REPAIRS, GAS, OIL, ETC..... _____

PARKING & TOLLS \$ _____ LOCAL TRANSPORTATION (Taxi, Bus, Train, etc).....\$ _____

ENERGY EFFICIENT HOME IMPROVEMENTS:

WINDOWS....\$ _____ STORM DOORS....\$ _____ HIGH EFFICIENCY HVAC SYSTEM (16 SEER OR BETTER)....\$ _____

INSULATION.\$ _____ OTHER.....\$ _____ HIGH EFFICIENCY WATER HEATER (16 SEER OR BETTER)..\$ _____

CHILD CARE EXPENSES LIST NAME, ADDRESS, SOCIAL SECURITY NO. OR FEDERAL ID NO. OF PROVIDER AND AMOUNT PAID

LIST AMOUNTS PAID THROUGH **PRE-TAX PAYROLL DEDUCTION**...(CAFETERIA PLAN)\$ _____

NAME	ADDRESS	ID NUMBER	AMOUNT PAID

RENTAL INCOME AND EXPENSES (Worksheet available if more than one property)

INCOME COLLECTED...\$ _____ LEGAL EXPENSE\$ _____ REAL ESTATE TAXES.... \$ _____

ADVERTISING..... \$ _____ UTILITIES..... \$ _____ MORTGAGE INTEREST \$ _____

TRAVEL EXPENSES..... \$ _____ REPAIRS..... \$ _____ CLEANING & MAINT.... \$ _____

INSURANCE..... \$ _____ SUPPLIES..... \$ _____ _____ \$ _____