

Itemized Deductions

Taxpayer Name: _____

MEDICAL EXPENSES

Hospital & Medical Insurance Premiums _____
Medicine & Drugs _____
Doctors, Dentists, Hospitals _____
Transportation for medical care _____
Hearing aids, dentures, eyeglasses _____
Insurance reimbursement (if included) _____

TAXES

Real estate taxes _____
State & local income taxes _____
Auto licenses (number of autos ____)

INTEREST EXPENSES

Real Estate Mortgage _____
Points paid on real estate mortgage _____

CREDITS

Child Care expenses while you work

Name	Soc. Sec. #	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADOPTION EXPENSES

Adoption Fees _____
Date finalized or terminated _____
Special needs child? _____

K-12 EDUCATION COSTS

Grade & expenses _____

ADJUSTMENTS

Payments to an IRA (reg. or Roth) _____
Payments to a Keogh Plan _____

INCOME

Wages (attach all W-2 forms) _____
Dividends (list) _____
Interest (list) _____
Rental income (list separately if more than one unit) _____
Rental Unit expenses (list) _____
Sale of property (describe) _____
Dependents

Name	Soc. Sec. #	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTRIBUTIONS

Church _____
Other _____
Non-cash Items (list) _____

CASUALTY & THEFT LOSSES

Casualty & theft (list) _____

INSURANCE REIMBURSEMENT

Insurance reimbursement _____

MISCELLANEOUS EXPENSES

Union & Professional Dues _____
Tools for work _____
Safety equipment, gloves _____
Uniforms (cost, upkeep) _____
Safe deposit box fee _____
Work-related schooling _____
Expenses seeking new employment _____

COST OF MAINTAINING IRA

Cost of maintaining IRA _____

STUDENT LOAN INTEREST

Interest paid _____

How many months have payments been made? _____

COLLEGE TUITION & FEES

Year of college _____

Amount paid, quarter paid for _____

Alimony _____

Social Security _____

Railroad Retirement _____

Pension _____

Unemployment Comp. _____

Workers Comp. _____

Prizes _____

Other income _____

Welfare _____

Partnership, Subchapter S, etc. income
(list & bring K-1's) _____

I have documentation to support the items I have included on this form: _____