

Possible Tax Deductions

List amounts for items you have or if you have a list, please provide. Remember to keep your receipts for your deductions.

Medical & Dental:

DR..... \$ _____
 DR..... \$ _____
 DR..... \$ _____
 DR..... \$ _____
 Operations..... \$ _____
 Prescription Drugs..... \$ _____
 Medical/Dental Insurance \$ _____
 Long-term Care Insurance..... \$ _____
 Hospital & Emergency \$ _____
 Lab & X-Ray \$ _____
 Visiting Nurses/In-home Care \$ _____
 Dental \$ _____
 Dentures & Braces \$ _____
 Glasses & Contact Lenses \$ _____
 Supplies \$ _____
 Hearing Aids & Batteries..... \$ _____
 Orthopedic Shoes..... \$ _____
 Therapy Treatments \$ _____
 Canes/Crutches/Braces \$ _____
 Wheelchairs..... \$ _____
 On Doctor's Advice
 Air Conditioning \$ _____
 Vaporizers \$ _____
 Thermometers & Bandages..... \$ _____
 Other..... \$ _____
 Medical Miles Driven \$ _____
 Other Medical Transportation \$ _____

Contributions:

Church \$ _____
 College \$ _____
 United Way \$ _____
 March of Dimes..... \$ _____
 CFC \$ _____
 Other \$ _____
 Value of furniture or clothing
 given to..... \$ _____
 \$ _____
 \$ _____
 Volunteer work expenses:
 Church, Scouts, School, etc..... \$ _____
 Auto Miles Driven..... \$ _____

Taxes:

Real Estate Tax \$ _____
 Personal Property Tax \$ _____
 State Income Tax..... \$ _____
 \$ _____

Interest Paid:

Home Mortgage Interest \$ _____
 2nd Mortgage/Home Equity \$ _____
 Home Mortgage to Individual \$ _____
 Name _____
 Address _____
 Points Paid at Closing \$ _____
 Investment Interest \$ _____

Casualty Losses:

Accident, Fire, Theft and
 Natural Disasters \$ _____

Miscellaneous and Employee Business Expenses:

Uniform Cleaning \$ _____
 Work Tools..... \$ _____
 Union Dues..... \$ _____
 Safety Shoes & Gloves \$ _____
 Tax Return Preparation \$ _____
 Safe Deposit Box..... \$ _____
 Investment Expenses \$ _____
 Education Expenses \$ _____

Employment/Job Seeking Fees \$ _____
 Sales/Entertainment \$ _____
 Office-in-Home Expense \$ _____
 Business Travel \$ _____
 Out of Town/Temporary..... \$ _____
 Vehicle Use (Auto, Truck) Miles..... \$ _____
 For Work (Non Commute) \$ _____
 Miles Driven to 2nd Job..... \$ _____
 Other \$ _____

Self-Employed Business Expenses:

Advertising..... \$ _____
 Car & Trucking Expenses \$ _____
 Legal & Professional Services \$ _____
 Office Expenses \$ _____
 Rent or Lease Payments \$ _____
 Utilities/Telephone..... \$ _____

Repairs & Maintenance..... \$ _____
 Supplies..... \$ _____
 Taxes & Licenses \$ _____
 Travel \$ _____
 Meals \$ _____
 Other \$ _____

Education Expenses:

Student Loan Interest..... \$ _____
 Post-secondary, Tuition & Fees \$ _____

Provider's SSN/EIN.....
 Amount Paid to Provider \$ _____

Notes