

Keep Track of Your Expense Deductions

MEDICAL & DENTAL: (medical deductns. must be 10% of adjusted gross income.)

- \$.....DR
- \$.....DR
- \$.....DR
- \$.....DR
- \$.....Operations
- \$.....Prescription Drugs
- \$.....Long Term Care Insurance
- \$.....Medical & Dental 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/DONATIONS

- \$.....Church
- \$.....College
- \$.....Other_____
- \$.....Value of Furniture or Clothing Given to
\$.....
- \$.....
- \$.....
- \$.....Volunteer Work Expenses:
- \$.....Church, Scouts, School etc.
- \$.....Miles Driven_____

TAXES:

- \$.....Real Estate Tax
- \$.....Personal Property Tax (Registration)
- \$.....State Income Tax_____

INTEREST PAID:

- \$.....Home Mortgage Interest
- \$.....2nd Mortgage/Home Equity
- \$.....Points Paid at Closing
- \$.....Investment Interest
- \$.....Mortgage Insurance

CASUALTY LOSSES: (Not Covered by Insurance)

- \$.....Accident, Fire, Theft and Natural Disasters_____

CHILD CARE EXPENSES:

- \$.....Provider's Name/Address/Tell#
- \$.....Provider's SSN/EIN
- \$.....Amount Paid to Provider_____

MISCELLANEOUS AND EMPLOYEE BUSINESS EXPENSES

- | | |
|--|---|
| <ul style="list-style-type: none"> \$.....Uniform Cleaning \$.....Work Tools \$.....Union Dues \$.....Safety Shoes & Gloves \$.....Tax Return Preparation \$.....Safe Deposit Box \$.....Investment Expenses \$.....Education Expenses | <ul style="list-style-type: none"> \$.....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

- | | |
|---|--|
| <ul style="list-style-type: none"> \$.....Advertising \$.....Car & Truck Expenses \$.....Legal & Professional Services \$.....Office Expenses \$.....Rent or Lease Payments \$.....Utilities/Telephone \$.....Business Miles | <ul style="list-style-type: none"> \$.....Repairs & Maintenance \$.....Supplies \$.....Taxes & Licenses \$.....Travel \$.....Meals \$.....Other_____ \$.....Total Miles |
|---|--|

EDUCATION EXPENSES

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

I certify that the expenses claimed by me on this document are correct

Taxpayer: _____ Signature: _____ Spouse: _____ Signature: _____