

Expense Summary Sheet

Medical Expenses

Miles

Taxpayer _____

Spouse _____

Insurance premiums

Taxpayer _____

Spouse _____

Qualified Long-Term Care

Taxpayer _____

Spouse _____

Other Medical Expenses

Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Taxes

Estimated state sales tax _____

Sales tax -car or golf cart _____

Real Estate tax Ad-valorem amount only

Assessments and fees are not deductible

Principal Residence _____

Second Home _____

Vacation/time share _____

Gifts to Charity

Cash Contributions – must have a receipt

Organization Name	Amount
-------------------	--------

Unreimbursed charity miles _____

Non-Cash Contributions – **must see receipts**

Organization Name _____

Organization Address _____

Amount _____

Other Expenses

Job expenses _____

Uniform _____

Union Dues _____

Tax Prep Fees _____

Safety Deposit Box _____