


# DEDUCTIONS

List only amounts that have actually been paid during the year. Save all canceled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar. Please **CIRCLE** any deduction that is a disproportionate amount for only you or only your spouse (it may be to your advantage to file separately).

MEDICAL		Only the amount of un-reimbursed medical expenses that exceeds 10% of Adjusted Gross Income is allowed.	
Description of Medical Expenses		Amount	
Doctors, Dentists, Clinics, Hospitals, Nurses, etc.	<p>Please DO NOT provide/attach doctor bills, statement, etc.</p> <p>Only provide total dollar amounts.</p>	\$	
Prescriptions & Drugs (doctor prescribed only)		\$	
Insulin (general drugs not allowed)		\$	
Eye Glasses / Contact Lenses		\$	
Hearing Aids, Supplies, & Other Medical Aids		\$	
X-Ray / Lab Fees		\$	
Ambulance, Paramedic		\$	
Nurses (board & room)		\$	
Equipment (prescribed & rented)		\$	
Nursing Home Medical Care		\$	
Medicar Part B Service Payments		\$	
Smoking Cessation Program		\$	
Other:			\$
Other:		\$	
Other:		\$	
<b>Medical Insurance</b>			
<b>Important:</b> Provide proof of health insurance (Form 1095 or equivalent)			
Insurance - paid by <b>you, not paycheck deduction:</b> Pre-Tax = P    After Tax = A    Unsure = U			
Group Health Plans		\$	
Medicare Premiums		\$	
Other Insurance (long term healthcare, MSA, other)		\$	
<b>Summary Total (optional)</b>		\$	
<b>Lodging (while away from home)</b>		\$	
<b>Transportation (total miles driven for medical reasons or actual cost)</b>		\$	

TAXES PAID		
Description of Taxes Paid	State	Amount
Real Estate Taxes, Home (include whether you itemize or not)		\$
Real Estate Taxes, Other (not included on Rental Schedule)		\$
Property Tax Rebates (if any)		\$
Personal Property Taxes (if any)		\$
Property Taxes (if any)		\$
Auto Licenses / Number of Vehicles		\$
State and Local Income Taxes (if not listed elsewhere)		\$
Sales Tax: Automobile or Boat		\$
If you paid any special assessments or substantial sales tax, please attach supporting documents.		

CASUALTY/THEFT LOSSES		Only the TOTAL NET RESULT that exceeds 10% of Adjusted Gross Income is allowed.	
Fire, Storm, Theft, and Auto Damage - If more than one, provide similar detail for each.		 Place X here if loss occurred in a Federally declared disaster area.	
Date Aquired	Date Acquired	Cost or Basis	\$
		Insurance Paid	\$
Describe How or What Happened	Date of Loss	Market Value Before	\$
		Market Value After	\$

CHARITABLE CONTRIBUTIONS		Please attach receipt(s).	Receipts / canceled checks are now required for all cash donations.
<b>Cash Contributions to Eligible Organizations</b> (must have receipts or bank records for all donations)		<b>Amount</b>	
Church / Temple	Name:		\$
Cancer / Heart / Easter / Christmas Seals, etc. (attach list if more than one)			\$
Veteran's Organization	Name:		\$
Schools (name and describe, attach list if more than one)			\$
Other:			\$
<b>Summary Total Optional</b> - A summary total for cash/check contributions may be used. Political contributions are not deductible. Deduct value of gift received for any contributions.			\$
<b>Non-Cash Contributions</b> - Property, Clothing, Furniture, Food, etc. - Attach explanation listing name & address of donee organization, items donated, date of donation, and fair market value. - If total value of a single donation exceeds \$500 explain method used to arrive at value (items over \$5,000 require an appraisal). - If you donated a vehicle, please attach your charity's form 1098-C.			\$
<b>Volunteer Work</b> - Mileage & Parking Attach explanation listing date, name & address of donee organization, activity performed, miles driven, and parking fees.			\$

INTEREST		Accounts, names, and Social Security numbers must match Form 1098 issued by financial institutions.	
<b>MORTGAGE INTEREST ON PRINCIPAL RESIDENCE</b>			
Paid to <b>Financial Institution</b> (from Form 1098)		Name:	
Paid to <b>Individual</b> (List name, address, Social Security number below)			
Name	Address	Social Security Number	
Paid to <b>Financial Institution</b> (from Form 1098)		Name:	
Paid to <b>Individual</b> (List name, address, Social Security number below)			
Name	Address	Social Security Number	
Did you acquire a new mortgage or borrow on an existing mortgage during the year?		Yes	No
If yes, what is your combined mortgage debt?		\$	
Points paid to acquire new mortgage (if not included above)		\$	
<b>Home Equity Loan Interest</b> (used to buy, build, or substantially improve a qualified residence)		\$	
<b>Student Loan Interest</b> (attach Form 1098-E and details: who for, loan date, loan purpose)		\$	
Other:		\$	
Other:		\$	
<b>Deductible Investment Interest</b>		\$	
<i>Note: Personal interest from credit cards, department stores, autos, bank loans, etc., is NOT deductible.</i>			

CHILD AND DEPENDENT CARE		X if you have employer provided dependent care benefits	
If required to be gainfully employed (or a full-time student), and if service performed in your home (Nanny), X here.			
<b>Name/Address of Provider</b>	<b>Soc. Sec. or ID #</b>	<b>Paid</b>	
		\$	
		\$	
		\$	
		\$	
Federal ID No. if required to file IRS wages reports	Total Paid During the Year	\$	\$
	Number of Children Under Age 13	#	
<b>Use Form W-10 for provider details. Allocate expenses by dependent. Attach details if more space is needed.</b>			

RETIREMENT CONTRIBUTIONS
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X if covered by a retirement plan at work		Date	Traditional IRA	SEP / SIMPLE	Roth IRA
	Taxpayer or Single		\$	\$	\$
	Spouse		\$	\$	\$
If you want the maximum allowable deduction, write MAX in the money column(s). You will be informed of amount to deposit.			List total value of ALL IRAs on 12/31		
			Single or Taxpayer		\$
			Spouse		\$

HIGHER EDUCATION EXPENSES							
Note: Many of your higher education expenses qualify for special tax credits and deductions. Other may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax deferred savings accounts. Please provide information individually for each student and include all Forms 1099-Q.							
Note: Place X if student is attending less than 1/2 time		<input type="checkbox"/>	1st Student	<input type="checkbox"/>	2nd Student	<input type="checkbox"/>	3rd Student
Code (T = Taxpayer; S = Spouse; D1 = Dependent 1; D2 = Dependent 2)							
			Amount		Amount		Amount
Tuition			\$		\$		\$
Fees, Books, Supplies			\$		\$		\$
Other:			\$		\$		\$
Other:			\$		\$		\$
Other Expenses (Enter amount as these expenses may qualify for tax/penalty-free IRA withdrawals, student loan interest deduction, or U.S. Savings Bond Interest Income Exclusion)							
Code (T = Taxpayer; S = Spouse; D1 = Dependent 1; D2 = Dependent 2)		<input type="checkbox"/>	1st Student	<input type="checkbox"/>	2nd Student	<input type="checkbox"/>	3rd Student
Room and Board			\$		\$		\$
Amount of any Grants, Scholarships			\$		\$		\$