

# Possible Tax Deductions

(List amounts for items you have – keep receipts for your deductions)

## Medical & Dental:

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 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 ..... \$ \_\_\_\_\_  
 2<sup>nd</sup> 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 2<sup>nd</sup> Job ..... \$ \_\_\_\_\_  
 Other ..... \$ \_\_\_\_\_

## Self-Employed Business Expenses

Advertising ..... \$ \_\_\_\_\_  
 Car & Truck Expenses ..... \$ \_\_\_\_\_  
 Legal & Professional Expenses ..... \$ \_\_\_\_\_  
 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 ..... \$ \_\_\_\_\_

**Child Care Information - Please Complete as Accurately as Possible—IRS will disallow deduction without this information.**

Name of Care Provider	Address of Care Provider	Phone Number of Care Provider	Soc. Sec. Number or FEIN of Care Provider	Amount Paid