

## Possible Itemized Deductions

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

### MEDICAL & DENTAL

DR co-pays	\$ _____
Prescription Drugs	\$ _____
Hospital & Emergency	\$ _____
Lab & X-Ray	\$ _____
Dental	\$ _____
Dentures	\$ _____
Glasses & Contact Lenses	\$ _____
Hearing Aids & Batteries	\$ _____
Orthopedic Shoes	\$ _____
Canes/Crutches/Braces	\$ _____
Wheelchairs	\$ _____
On Doctor's Advice	
Air Conditioning	
Vaporizers	
Thermometers & Bandages	
Other	
Medical miles driven	_____
Other medical transportation	\$ _____

### TAXES

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

### Miscellaneous and Employee Business Expenses

Uniform Cleaning	\$ _____
Work Tools	\$ _____
Union Dues	\$ _____
Safety Shoes and Gloves	\$ _____
Tax return Preparations	\$ _____
Safe Deposit Box	\$ _____
Education Expenses	\$ _____

### CHILD CARE INFORMATION

Provider's Name \_\_\_\_\_  
Provider's Address \_\_\_\_\_

### CONTRIBUTIONS

Church	\$ _____
College	\$ _____
United Way	\$ _____
March of Dimes	\$ _____
Heart Fund	\$ _____
Seals-Christmas/Easter	\$ _____
Cancer Society	\$ _____
Red Cross	\$ _____
Muscular Dystrophy	\$ _____
CARE	\$ _____
Mental Retardation	\$ _____
Salvation Army	\$ _____
YMCA, YWCA	\$ _____
Crippled Children	\$ _____
Cerebral Palsy	\$ _____
Value of furniture or items donated to	
Goodwill	\$ _____
Volunteer work expenses	\$ _____
Church, Scouts, etc	
Auto miles driven	_____
Other	_____

### INTEREST PAID

Mortgage interest \$ \_\_\_\_\_

Employment/Job seeking fees	\$ _____
Sales/Entertainment	\$ _____
Office-in-home Expense	\$ _____
Business Travel	
Overnight out-of-town days	_____
Vehicle miles (NOT COMMUTE)	_____
2 <sup>nd</sup> job Vehicle miles	_____

Provider's SSN/EIN \_\_\_\_\_  
Amount Paid to Provider \$ \_\_\_\_\_