

POSSIBLE DEDUCTIONS for: (last name) _____ (SSN) _____

Location _____

Date _____

(List amounts for items you can claim - keep receipts/evidence for your itemized deductions)

NOTE: IF ITEMIZED DEDUCTIONS TOTAL UP LESS THAN THE STANDARD DEDUCTION, ITEMIZED WILL NOT BE USED.

Medical & Dental:

Dr. _____ \$ _____
 Dr. _____ \$ _____
 Dr. _____ \$ _____
 Dr. _____ \$ _____
 Dr. _____ \$ _____
 Prescription Medicine ----- \$ _____
 Hospital Insurance ----- \$ _____
 Hospital & Emergency Room ----- \$ _____
 Lab & X-ray ----- \$ _____
 Nurses ----- \$ _____
 Dental ----- \$ _____
 Dentures ----- \$ _____
 Glasses, Contact Lens ----- \$ _____
 Hearing Aids & Batteries ----- \$ _____
 Orthopedic Shoes ----- \$ _____
 Therapy Treatments ----- \$ _____
 Canes/Crutches/Braces ----- \$ _____
 Wheelchairs ----- \$ _____
 On advice from Doctor:
 Air Purifiers ----- \$ _____
 Vaporizers ----- \$ _____
 Thermometers, Bandages ----- \$ _____
 (other) _____ \$ _____
 Medical miles driven ----- \$ _____

Charitable Contributions:

Church \$ _____
 Church \$ _____
 College \$ _____
 United Way ----- \$ _____
 March of Dimes ----- \$ _____
 Heart Fund ----- \$ _____
 Christmas or Easter Seals ----- \$ _____
 Cancer Society ----- \$ _____
 Muscular Dystrophy ----- \$ _____
 Multiple Sclerosis ----- \$ _____
 Cerebral Palsy ----- \$ _____
 Crippled Children ----- \$ _____
 Mental Retardation ----- \$ _____
 C.A.R.E. ----- \$ _____
 Red Cross ----- \$ _____
 Salvation Army ----- \$ _____
 YMCA, YWCA ----- \$ _____
 (other) _____ \$ _____
 Value of furniture or clothing given to:
 _____ \$ _____
 _____ \$ _____
 Volunteer work expenses ----- \$ _____
 Volunteer work vehicle miles driven ----- \$ _____
 Other charitable expenses ----- \$ _____

Taxes:

Real Estate Tax ----- \$ _____
 Personal Property Tax ----- \$ _____
 State Income Tax ----- \$ _____
 (other) _____ \$ _____

Interest Paid:

Home Mortgage Interest ----- \$ _____
 2nd Mortgage/Home Equity Loan ----- \$ _____
 Home Mortgage to an Individual ----- \$ _____
 Name _____ SSN _____
 Address _____
 Points Paid at Closing ----- \$ _____
 Investment Interest ----- \$ _____

Casualty Losses:

Accident, Fire, Theft ----- \$ _____

Miscellaneous and Employee Business Expenses:

Uniform Purchase ----- \$ _____
 Work Tools ----- \$ _____
 Safety Shoes, Glasses, Gloves ----- \$ _____
 Union/Professional dues/fees ----- \$ _____
 Income Tax Preparation ----- \$ _____
 Safe Deposit Box ----- \$ _____
 Education Expenses ----- \$ _____
 Employment/Job-seeking Fees ----- \$ _____
 Sales/Entertainment ----- \$ _____
 Office in home expense ----- \$ _____
 Business Travel:
 Out of town/Temporary ----- \$ _____
 Vehicle Use (NOT commuting to & from)- \$ _____
 (other) _____ \$ _____

Additional Information about Possible Deductions:

THIS SECTION FOR OFFICE USE ONLY: (Check to indicate required procedure steps have been completed.)

- Photo ID checked
 SSN verified
 Address verified
 Phone numbers verified
 W-2s & 1099s obtained
 Bank Product application filled out & signed
 Collector initials [_____]