

Please enter all pertinent current tax year amounts. (Retain receipts in your files in case of audit)

**Medical and Dental Expenses**

Prescription Medicines and Drugs.....

Doctors, Dentists and Nurses.....

(Incl: Acupuncture, Chiropractor, Therapists, Massage for medical purposes)

Hospitals and Nursing Homes.....

Insurance Premiums.....

(Be sure to include any insurance premiums withheld from your wages for your dependents)

Long-Term Care Premiums.....

Insurance Reimbursements for above expenses.....

Lodging and Transportation.....

Mileage for medical purposes.....

Parking Expenses.....

Ferry Fares.....

Other Expenses: Please Itemize  
(These can include glasses, medical equipment, hearing aids, wheelchairs, etc.)


**Taxes Paid**

Real Estate Taxes Paid (Principal Residence).....

Real Estate Taxes Paid (Secondary Residence).....

Real Estate Taxes Paid (Investment Property).....

Foreign Income Taxes Paid.....

Personal Property Taxes.....

Sales Tax Paid total \*\*\*.....

Sales Tax Paid on car or boat purchase (please include receipts)...

\*\*\* Only include a figure on this line if you can verify with actual receipts \*\*\*  
 \*\*\* (Please do NOT bring in the receipts – just save for your records) \*\*\*  
 \*\*\* We will look up your allowable deduction from the IRS table \*\*\*

**Interest Paid**

Mortgage Interest reported on 1098 (please include form 1098).....

Mortgage Interest Paid to individual.....

(If this is the first year of the loan or the first year we are doing your taxes, please give us the payors name, social security # and address)

Mortgage Interest Paid on Investment Property.....

Margin Interest Paid on investments.....

Mortgage Insurance Paid.....

**Charitable Contributions**

Contributions by cash or check.....

Merchandise or property contributed.....

(Fair market value is used to determine value of gift--gifts > than \$250 require receipts, if audited)

Volunteer Expenses (Out-of-pocket--including travel).....

Charitable Mileage Driven.....