

MEDICAL EXPENSES

To be deducted, medical expenses must exceed 7 1/2% of your adjusted gross income, and then, only the amount that exceeds a 7 1/2% floor is deductible. Example: Your income is \$40,000 for the year, your medical must exceed \$3,000.

Hospital, Medical & Dental Insurance Premiums		Taxi, Bus, Train, Air & Other Travel for Medical Purposes	
Long Term Care Insurance		Lodging for Away-From-Home Medical Purposes	
Medicare Insurance Premiums (not payroll tax)		Auto Travel for Medical Purposes	
Doctors, Dentists (discretionary cosmetic surgery is not deductible)		Parking Fees for Medical Purposes	
Prescription Drugs Only		Telephone - Medical Tolls	
Psychotherapy, Psychological Counseling		Handicapped Placard	
Acupuncture, Chiropractic, Christian Science Practitioners		Handicapped Modification to Home	
Hospital		Special Schooling for Physically or Mentally Handicapped	
Nursing Homes, Nursing Care <input type="checkbox"/> <input checked="" type="checkbox"/> if inhome care for elderly		Physical Therapy	
Lab Fees & X-Rays		Medical Equipment, Supplies, Rentals	
Eye Examination, Glasses		Other: _____	
Hearing Aids, Batteries		Other: _____	
Ambulance, Paramedics		Insurance Reimbursement (only for expenses listed if applicable)	

HOME MORTGAGE INTEREST

		Primary Residence	Second Home
1st TD	Paid to a Bank, S & L, etc.*		
	Paid to an Individual Must List PAYEE Info. Below		
2nd TD	Paid to a Bank, S & L, etc.*		
	Paid to an Individual Must List PAYEE Info. Below		
Home Equity Loan			
Payee Name			SS#
Address			
<p>* Amounts must agree with Form 1098 issued by the financial institution. If not, check here <input type="checkbox"/>. If Form 1098 was issued in another's SS#, enter that person's name and social security number here:</p>			
Name			SS#
If the second home is a qualified motor home, boat, etc., list the name of the payee here			
<p>PLEASE ANSWER THE FOLLOWING QUESTIONS:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Did you refinance during the year? If yes, please provide loan escrow statement.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does your home equity loan exceed \$100,000?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does the sum of all of your home mortgages exceed \$1,100,000?</p>			

INVESTMENT INTEREST

Vacant land	
Brokerage margin account	
Other: _____	

TAXES

Property taxes on primary home	
Property taxes on second home	
Property taxes on investment property	
Car license fees (personal property tax portion)	
Personal property tax - boat or airplane	
Personal property tax - other	
Balance due on last year's state return	Do Not Include Interest & Penalties
State income tax adjustments	Do Not Include Interest & Penalties
Extension payment on last year's state return	
Taxes paid to another state	State: _____
City, county, local taxes	
Other: _____	

CHILD OR DEPENDENT CARE EXPENSES

Care must enable you to work (or look for work) or attend school FULLTIME. Care must be for a child under 13 or individual who is physically or mentally incapable of self care.

Check here if you have employer provided dependent care benefits.

Paid To	Address	SS# or Employer ID# MANDATORY unless exempt organization	Payments Must Be Allocated By Child		
			Child:	Child:	Child:
		<input type="checkbox"/> <input checked="" type="checkbox"/> Check if exempt			
		<input type="checkbox"/> <input checked="" type="checkbox"/> Check if exempt			