

MEDICAL EXPENSES

To be deducted, medical expenses must exceed 7 1/2% of your adjusted gross income, and then, only the amount that exceeds the 7 1/2% floor is deductible. Example: Your income is \$40,000 for the year – your medical must exceed \$3,000. Do not include medical expenses that were reimbursed by insurance or paid for by flex spending or Sec. 125 plans.

Hospital, Medical & Dental Insurance Premiums			Taxi, Bus, Train, Air & Other Travel for Medical Purposes		
Long Term Care Insurance	Filer		Lodging for Away-From-Home Medical Purposes	# of Days	
	Spouse				
Medicare Insurance Premiums (not payroll tax)			Auto Travel for Medical Purposes		mi
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 in-home 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

Please Provide 1098s		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			
* 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:			
**Name		SS#	
If the second home is a qualified motor home, boat, etc., list the name of the payee here			
PLEASE ANSWER THE FOLLOWING QUESTIONS:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you refinance during the year? If yes, please provide final loan escrow statement.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your home equity loan exceed \$100,000?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the sum of all of your home mortgages exceed \$1,100,000?		

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	
Sales tax – receipted (leave blank for standard amount)	
Sales tax – cars, boats, home, etc. (do not include above)	
Local sales tax rate:	
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 FULL TIME. Care must be for a child under 13 or individual who is physically or mentally incapable of self care.

<input type="checkbox"/> <input checked="" type="checkbox"/> Check here if you have employer provided dependent care benefits.		Provider's SS# or Employer ID# MANDATORY unless it is an exempt organization. <input checked="" type="checkbox"/> Check if exempt.	Payments Must Be Allocated By Child		
Paid To	Address		Child:	Child:	Child:
		<input type="checkbox"/>			
		<input type="checkbox"/>			

