

ITEMIZED DEDUCTIONS

Receipts are required for single
contributions of \$250 or more.

MEDICAL EXPENSES

Medical Insurance Premiums: (Paid directly by you) _____
 Do NOT include payroll deduction.

Medicare B deducted from Social Security check _____

Dental Insurance _____

Long Term Care Insurance (Taxpayer) _____

Long Term Care Insurance (Spouse) _____

Prescription (not over the counter) _____

Mileage _____

Doctors, Dentists, Chiropractors, etc. _____

Anesthesiology _____

Hospitals _____

Required Nursing Home Care _____

Lodging (limited to \$50/day per person) _____

Ambulance _____

Hearing Aid, Batteries, Repairs _____

Prescribed Medical Attire _____
 support hose, shoes, etc.

Prescribed Medical Equip.: Cost/Rental _____

Eye Glasses, Contact Lenses, Exams _____

Child Birth Class _____

Alcohol or Drug Addiction Therapy _____

Special Schooling for Mentally or _____
 Physically Handicapped

Parking _____

Other _____

TAXES

Real Estate: Home _____
 Second Home _____
 Other _____

Personal Property _____
 Vehicle License Tabs _____

Number of Vehicles _____
 (No motorcycles, ATV's, boats, etc.)

INTEREST

Home Mortgage (paid to financial _____
 institution) Bring Form 1098

Home Mortgage (paid to individual) _____
 List Name, Social Security Number & Address: _____

2nd Home Mortgage (paid to financial institution) _____

2nd Home Mortgage (paid to individual) _____
 List Name, Social Security Number & Address: _____

Home Equity Loan: Bring in Form(s) 1098 _____
 Points (bring closing papers if purchased this year) _____
 Have you refinanced above properties this year? Y ___ N ___
 If yes, bring in closing papers.

Investment Interest (provide details) _____

CONTRIBUTIONS

A. Contributions for which you have _____
 receipts, canceled checks, payroll _____
 deductions, etc. _____

B. Qualified Charitable Distributions _____

C. Non Game Wildlife: State Return _____

D. Non-cash items: Fair market value or garage _____
 sale price on clothing, furniture, appliance: _____
 Give organization, item and value (if over _____
 \$500, bring detailed information and receipts. _____

E. Transportation/Travel for Volunteer Work _____
 Mileage _____
 Parking _____

MISCELLANEOUS DEDUCTIONS

Job Expenses: Union Dues/Initiation Fees _____

Professional Dues/Licenses _____

Tools - Small _____

Tools & Equipment - Depreciable _____

Uniforms - Cost/Cleaning _____

Job Supplies _____

Professional Journals/Trade Journals _____

Tax Preparation Fee/Tax Consultations _____

Safety Equipment _____

Malpractice Insurance _____

Job Related Education: Tuition/Fees _____
 Books/Supplies _____
 Workshops/Seminars _____
 Mileage/Food/Lodging _____

Job Hunting: Mileage/Travel _____
 Employment Agency Fees _____
 Phone/Resume/Postage/Etc. _____

Investment Expense: Safe Deposit Box _____
 Journals/Subscriptions _____
 IRA or Keogh Fees (paid separately) _____

Gambling Losses _____

	FEDERAL			STATE		
	<u>Date Paid</u>	<u>Check #</u>	<u>Amount</u>	<u>Date Paid</u>	<u>Check #</u>	<u>Amount</u>
1 st Qtr. 04/15/2021	_____	_____	_____	_____	_____	_____
2 nd Qtr. 06/30/2021	_____	_____	_____	_____	_____	_____
3 rd Qtr. 09/30/2021	_____	_____	_____	_____	_____	_____
4 th Qtr. 01/15/2022	_____	_____	_____	_____	_____	_____

CREDITS AND SUBTRACTIONS

Long Term Care Insurance Credit

Name of Insurance Company (Taxpayer) _____

Name of Insurance Company (Spouse) _____

Policy Number (Taxpayer) _____ Amount Pd \$ _____

Policy Number (Spouse) _____ Amount Pd \$ _____

K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware/ Software	Qualified Tuition
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

	Child One	Child Two	Child Three
Class Name	_____	_____	_____
Class Type	_____	_____	_____
Ind Instr Name	_____	_____	_____
Ind Instr Type	_____	_____	_____
Music Instr Type	_____	_____	_____
Musical Instr Cost	_____	_____	_____
Type of School Attended	_____	_____	_____
Transp Provider	_____	_____	_____

529 Education Plans

Child's Name	Financial Institution	Account Number	2020 Contribution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____