

DEDUCTIONS/CREDITS

Medical

Doctors/Dentists	Amount

Pharmacy	Amount

Other Medical Expenses	Amount
Glasses	
Crutches	

Health Insurance: _____
 Long Term Care Insurance _____
 Hospital: _____
 Medical Mileage: _____

Taxes

Cost of License Plates

Vehicle (Year, Make, and Model):	Amount

Property Taxes:

Did you pay Federal Estimated Taxes?
 If "Yes", amount and dates paid:

Did you pay State Estimated Taxes?
 If "Yes", amount and dates paid:

Did you make any large purchases?
 over a \$1,000?

Item	Amount

Interest

Home Mortgage Interest:
 Home Improvement Interest (to buy/improve home):
 Home Equity Loan Interest (to buy/improve home):

Did you refinance this year? "Yes" "No"
 Interest paid on student loans? "Yes" "No"
 Did you borrow money to invest? "Yes" "No"

Donations, starting August 2006, all contributions must be documented

Church:
 United Way:
 Other:

Charitable Mileage:

Salvation Army:
 Good Will:
 St Vincent DePaul:

Miscellaneous

Did you pay for tuition/school expenses (K-12th grade)?
 Did you or a dependent pay college tuition (1098-T's and 1098-Q's)?
 Did you put money into an IRA (traditional or Roth)?
 Did you have a casualty loss (fire/flood) (**Presidentially declared**)?
 Did you have any debt forgiven or canceled (1099-C)?

Did you pay alimony? When was divorce final?
 Did you move last year (military)?
 Are you claimed as a dependent by another person on their taxes?
 Did you have money in a foreign account?

Bank Information

Name of Financial Institution:
 Routing Number:
 Account Number:
 Checking: Savings: