

SCHEDULE A TAX DEDUCTION WORKSHEET

MEDICAL EXPENSES

Insurance Premiums \$ _____
 Medicare Premiums (withheld from soc. security) \$ _____
 Prescriptions \$ _____
 Long Term Care Insurance Premiums \$ _____
 Doctor (Name: _____) \$ _____
 Doctor (Name: _____) \$ _____
 Doctor (Name: _____) \$ _____
 Doctor (Name: _____) \$ _____
 Doctor (Name: _____) \$ _____
 Dentist (Name: _____) \$ _____
 Dentist (Name: _____) \$ _____
 Hospital Care \$ _____
 Laboratory & X-Ray Costs \$ _____
 Miles Driven for Medical Care _____
 Medical Travel (parking, taxis, airfare, etc.) \$ _____
 Medical Travel (lodging) \$ _____
 Ambulance Costs \$ _____
 Glasses, Contacts & Eye Exams \$ _____
 Hearing Aids & Batteries \$ _____
 Prosthetic Appliances \$ _____
 Sick Room Supplies & Appliances \$ _____
 In Home Attendant or Nursing Service \$ _____
 Insurance Reimbursements (for amounts listed above) \$ _____

CASUALTY

Total Casualty Loss (attach documentation) \$ _____
 Examples: Theft, Earthquake, Fire, Flood

ADJUSTMENTS TO INCOME

Archer MSA Deduction \$ _____
 Business Expenses (reservists, artists, & fee-based officials) \$ _____
 Moving Expenses (work related) \$ _____
 SEP, SIMPLE & Qualified Plan Contributions \$ _____
 Alimony Paid (Name & SSN: _____) \$ _____
 IRA Deductions \$ _____
 Student Loan Interest Paid \$ _____
 Jury Duty Pay (Given to Your Employer) \$ _____

TAXES PAID

State Income Tax (prior year return) \$ _____
 State Income Tax (current year estimate) \$ _____
 State Income Tax Withheld (from W-2) \$ _____
 SDI Withheld (from W-2) \$ _____
 Real Estate Taxes (attach appropriate form) \$ _____
 Personal Property Tax \$ _____
 DMV Registration \$ _____
 Other (Desc.: _____) \$ _____
 Other (Desc.: _____) \$ _____
 Other (Desc.: _____) \$ _____
 Other (Desc.: _____) \$ _____

CONTRIBUTIONS

CASH CONTRIBUTIONS:
 Church (Name: _____) \$ _____
 Church (Name: _____) \$ _____
 Church (Name: _____) \$ _____
 Church (Name: _____) \$ _____
 Other (Name: _____) \$ _____
 Other (Name: _____) \$ _____
 Other (Name: _____) \$ _____
 Other (Name: _____) \$ _____

NON-CASH CONTRIBUTIONS:

Church (Name: _____ Cost: \$ _____
 Desc.: _____)
 Other (Name: _____ Cost: \$ _____
 Desc.: _____)
 Miles Driven for Charity _____

Please attach any and all receipts

INTEREST PAID

Home Mortgage Interest (attach form 1098) \$ _____
 Home Mortgage Interest (attach form 1098) \$ _____
 Home Mortgage Interest (attach form 1098) \$ _____
 Home Mortgage Interest (attach form 1098) \$ _____
 Home Mortgage Interest (other) \$ _____
 Home Mortgage Interest (other) \$ _____
 Mortgage Interest Paid to an Individual \$ _____
 Name: _____
 Address: _____
 City, State, Zip: _____
 Points Paid on Mortgage Loan \$ _____
 Points Paid on Mortgage Loan \$ _____

**If you refinanced your primary or secondary residence
 or sold your home, please bring the settlement sheet**

MISCELLANEOUS

UN-REIMBURSED BUSINESS EXPENSES:
 Auto Expense (gas, repairs, etc.) \$ _____
 Business Miles \$ _____
 Business Phones \$ _____
 Business Travel \$ _____
 Commuting Miles \$ _____
 Meals & Entertainment \$ _____
 Other Miles \$ _____
 Safety Equipment \$ _____
 Small Tools \$ _____
 Teaching Expenses \$ _____
 Uniform & Cleaning Fees \$ _____

MISCELLANEOUS EXPENSES

Education Fees \$ _____
 Investment Expense \$ _____
 Job Search Fees \$ _____
 Legal Fees \$ _____
 Safe Deposit Box \$ _____
 Subscriptions (trade journals) \$ _____
 Tax Preparation Fee \$ _____

PLEASE SIGN BELOW	
Please print your name _____	
Please sign your name _____	Date _____