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.:_____) $ _____

PLEASE SIGN BELOW

_____
Please print your name

_____ _____
Please sign your name Date

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 $ _____