

**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 _____