Hospital, Medical, Dental, Medicare* & Insura	ance Premiums		
Doctors, Dentists, Psychotherapy & Psychological	gical Counseling		
Hospitals, Nursing Home, Nursing Care, Lod	ging, etc.		
Prescription Drugs (no "over-the-counter" drugs)			
Glasses, Hearing Aids, Batteries, etc.	Auto Travel		mi
Lab & X-Ray	Parking Fees		
Supplies, Rentals, etc.:	Phone (toll charges)		
Other:			
Insurance Reimbursement (only for amounts list	ted above)	{	}
*Amounts withheld from Social Security B	enefits only.	THE NEWS	

TAXES PAID			
Real Estate - Home & 2nd Hor	ne ONLY (not rental	)	
Real Estate - Investment Prope	erty (land, etc.) (not r	ental)	
Vehicle License Fees: (1)	(2)	(3)	(4)
Personal Property Tax (bost, pla	ine, etc.)		
State Income	Tax Paid (provide	cancelled check	ks)
Balance Due or Last Year's Return		/ear's Tax ustment	
Extension Payment Last Year's Return		ear's 4th Quarte an. of this year	r
HOME MORTGAGE	INTEREST P	AID	IRS MAZCH
Provide 1098s		Primary	Second

	er Rental Interest in Rental section.	Home	Second Home
1st	Paid to a Bank, S & L, etc.*		
TD	Paid to an Individual address & SSN below**)		
2nd	Paid to a Bank, S & L, etc.*		
TD	Paid to an Individual address & SSN below**)		
Hom	ne Equity Loan		Security start
Indiv	ridual's Name:	SS#	
Addr	ress:	The state of the s	
If Fo	ounts must agree with Form 1098 issued by the fin form 1098 was issued in another's social security n ial Security number here.		
Nam	ne:	SS#	
	second home is a qualified motor home, etc., list the name of the payee here:		
Does	rou refinance during the year? If so, provides your home equity loan exceed \$100,000? the sum of all home mortgages exceed \$1		🗖 🗖

INVESTMENT INTEREST	PAID	Interest paid for investments, such as land, stocks, etc.	
Vacant Land	Brokera	ge Margin Accounts	
Other:			

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<b>CHILD OR DEPENDENT CARE EXPENSES</b>	IRS MATCH
Care must enable you to work (or look for work) or attend school FULL TI a child under 13 or individual who is physically or mentally incapable of seemplover benefits SS# and EID#.	ME. Care must be for

Care must enable you to Work or look for Work or attend school FULC. Histe, Late must be to reached with the property of the

PROVIDER INFORMATION	ROVIDER INFORMATION Payments must be allocated by Ch		cated by Child
Payee SS# or EID# MANDATORY unless exempt organizations.	Child:	Child:	Child:
Name	Amount	Amount	Amount
Address			
Phone		1	
SS or EID Number		1	
Name	Amount	Amount	Amount
Address			
Phone			
SS or EID Number			

	itlons must be documented with either written verification from the charity.	
House of Worship	Red Cross	
Payroll Deduction	Other:	
Cancer	Other:	
NON-CASH - Household and cl required for donations of \$250 of total exceeds \$500.	othing items must be in good or better condition. As more, and a detailed list should be included with	written receipt is your return if the
Fair Market Value of Clothin	g & Household Items Contributed	
Automobile Travel for Charit	able Purposes	m
Expenses in connection with	h a charitable organization	
Explain:		

Do not ente	er expenses you have listed elsewhere	You	Spouse
	es (to protect taxable income)		
Business Gi	fts (see business expense instructions on next page)		
Dues: Union	& Professional		
Employmen	& Resume Fees		
Entertainment & Meals (see business expense instructions on next page) enter 100%			
Gambling Lo	osses (limited to taxable winnings)		
Insurance -	Business (E & O, malpractice, etc.)		
Investment	Publications & Journals		
Expenses	Other:		
IRA or SE P	lan Fees Paid by You (not deducted from plan)		
Licenses, Fe	es, Credentials, etc.		
Publications	Books, etc., used in Business		
Safe Deposi	t Box	-	
Tax Prepara	tion & Consulting Fees		
Telephone (	ousiness calls only)		
Tools, Suppl	ies, Equipment (provide list of items with a useful life of over one year)		
Uniforms - P	urchase		
Uniforms - C	leaning		
Other:			

## **EDUCATION EXPENSES**CAUTION: These expenses qualify for tax credits, deductions, and are used to justify certain exclusions and tax or penalty free distributions. Expenses must be segregated by student. Use a different column for each student in the family. STUDENT: THIS COLUMN IS DESIGNATED FOR: Taxpayer Spouse Dependent: Dependent: Dependent: FOR TUTTION CREDIT ONLY - Qualified Educational instruction 0 Check if at least half-time student Post-Secondary - First 2 years After First 2 years After First 2 years Fees – Enrollment/Attendance Only Other Expenses – DO NOT COMPLETE Unless qualifying for tax or penalty-free Coverdell Account distributions, Savings Bond interest Exclusion, or student loan interest deductions. Similar expenses for continuing education should be entered in different section below. Tuttion K - 12 (for coverdell distributions only) Room/Board CONTINUING EDUCATION EXPENSES - Education for the taxpayer & spouse only & ONLY if job related Tuition & Fees Seminar Fees, etc. Books/Supplies, etc.

(list in appropriate area opposite page)

Travel