

## **Itemized Deductions**

Below, please list your TOTAL expenses in each category that applies to you. If the IRS audits your tax return, they will ask you to provide proof (e.g., receipts, canceled checks, bank statements, credit card bills, etc.). Keep these documents, but do not include them with this form. If you prefer I organize and total your receipts, I will happily do so, please know I charge \$75 an hour for my time.

### **Medical Expenses** (Do not include expenses that were reimbursed or insurance premiums deducted from your pay.)

Medical Doctors	\$ _____	Prescription Medications	\$ _____
Eye Doctors	\$ _____	Eye glasses/contacts	\$ _____
Dentists	\$ _____	Lab fees	\$ _____
Hospital fees	\$ _____	Supplemental Insurance	\$ _____
Guide Dog Costs	\$ _____	Addiction Services	\$ _____
Weight-Loss Program (disease-related)	\$ _____	Other (explain) _____	\$ _____

Mileage to and from doctors, dentists, pharmacists, hospitals, etc. \_\_\_\_\_

### **Charitable Contributions**

Cash \$ \_\_\_\_\_

Goods (fair market value) \$ \_\_\_\_\_ (If greater than \$500, I will call you for additional information.)

Mileage \_\_\_\_\_

### **Work-related Expenses** (Do not list expenses that were reimbursed by your employer.)

Uniforms & Shoes	\$ _____	Union Dues	\$ _____
Laundry of uniforms	\$ _____	Professional Memberships	\$ _____
Mileage	# _____	Tuition (seminars, classes)	\$ _____
Other (explain) _____	\$ _____	Other (explain) _____	\$ _____

### **Other Expenses**

Mortgage Interest	\$ _____	Previous Year's Tax Prep Fees	\$ _____
Mortgage Insurance	\$ _____	Safe Deposit Box	\$ _____
Real Estate/Land Tax	\$ _____	Investment Expenses	\$ _____
Other (explain) _____	\$ _____	Other (explain) _____	\$ _____

Vehicle Tax (the amount marked as "ad valorem tax") \$ \_\_\_\_\_

List and describe any other expenses you have here:

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