



## Schedule A (Itemized Deductions)

### Medical & Dental Expenses

How much did you pay out in medical & dental last year? \$\_\_\_\_\_

How many miles did you drive to you medical and/or dental visits? \$\_\_\_\_\_

### Taxes you Paid

State & Local Taxes \$\_\_\_\_\_

Real Estate Taxes \$\_\_\_\_\_

Property Taxes \$\_\_\_\_\_

Tag Taxes \$\_\_\_\_\_

Other Taxes \$\_\_\_\_\_

### Interest you have Paid

Mortgage Interest & Points \$\_\_\_\_\_

Insurance premium \$\_\_\_\_\_

### Gifts to Charity

Did you give to any charity if so cash or check? \$\_\_\_\_\_

Name and address of charity that you gave to?

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Did you give to any charities if so cash or check? \$\_\_\_\_\_

Name and address of the Church that you gave to?

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Can you provide receipts?

Yes/ No

What where the items and its value.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you do any volunteer work? Yes/No

How many miles did you travel for volunteer work \_\_\_\_\_

### **Casualty or Theft**

Did you have any casualty or theft loss? Yes/No

### **Job Expenses and Certain Miscellaneous Deductions**

Did you have any education expenses that you were not reimbursed for: Yes/No

If so what was the total \$\_\_\_\_\_

Tax Prep fees \$\_\_\_\_\_

Uniforms \$\_\_\_\_\_

Cell Phone \$\_\_\_\_\_

Union Dues \$\_\_\_\_\_

Other expense (investment, safe deposit box etc.) List type and amount \$\_\_\_\_\_

Client Signature

Date

\_\_\_\_\_

\_\_\_\_\_