

Keep Track of Your Expense Deductions

List amounts for items you have. Save receipts for your deductions.

Medical & Dental:

DR	\$	_____
DR	\$	_____
DR	\$	_____
DR	\$	_____
Operations	\$	_____
Prescription drugs.....	\$	_____
Medical/dental insurance	\$	_____
Long-term care insurance	\$	_____
Hospital & emergency	\$	_____
Lab & X-Ray.....	\$	_____
Visiting nurses/in-home care	\$	_____
Dental.....	\$	_____
Dentures & braces	\$	_____
Glasses, contact lenses and.....	\$	_____
supplies	\$	_____
Hearing aids & batteries	\$	_____
Orthopedic shoes.....	\$	_____
Therapy treatments	\$	_____
Canes/crutches/braces	\$	_____
Wheelchairs	\$	_____
On doctor's advice:		
Air conditioning.....	\$	_____
Bandages	\$	_____
Other	\$	_____
Medical miles driven	\$	_____
Jan. 1 – June 30, 2011	\$	_____
July 1 – Dec. 31, 2011	\$	_____
Other medical transportation	\$	_____

Contributions:

Place of worship	\$	_____
College.....	\$	_____
United Way.....	\$	_____
March of Dimes.....	\$	_____
CFC	\$	_____
Other	\$	_____
Value of furniture or clothing given.....	\$	_____
Volunteer work expenses:		
Place of worship, scouts, school, etc.	\$	_____
Auto miles driven.....	\$	_____

Taxes:

Real estate tax	\$	_____
Personal property tax	\$	_____
State income tax	\$	_____

Interest Paid:

Home mortgage interest	\$	_____
2nd mortgage/home equity	\$	_____
Home mortgage to individual	\$	_____
Name		_____
Address		_____

Points paid at closing	\$	_____
Investment interest	\$	_____

Casualty Losses:

Accident, fire, theft and natural disasters	\$	_____
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Education Expenses:

Student loan interest.....	\$	_____
Post-secondary, tuition and fees and required course materials	\$	_____

Miscellaneous and Employee Business Expenses:

Uniform cleaning	\$	_____
Work tools	\$	_____
Union dues	\$	_____
Safety shoes & gloves.....	\$	_____
Education expenses	\$	_____
Employment/job seeking fees	\$	_____
Sales/entertainment	\$	_____
Professional certification/license renewal	\$	_____
Professional publications	\$	_____
Business travel miles	\$	_____
Jan. 1 – June 30, 2011	\$	_____
July 1 – Dec. 31, 2011	\$	_____
For Work (Non-Commute)	\$	_____
Miles driven to 2nd job	\$	_____
Tax return preparation	\$	_____
Safe deposit box	\$	_____
Investment expenses	\$	_____
Other	\$	_____

Self-Employed Business Expenses:

Advertising	\$	_____
Car & truck expenses	\$	_____
Total business miles	\$	_____
Jan. 1 – June 30, 2011	\$	_____
July 1 – Dec. 31, 2011	\$	_____
Legal & professional services.....	\$	_____
Office expenses	\$	_____
Rent or lease payments.....	\$	_____
Utilities/telephone	\$	_____
Repairs & maintenance	\$	_____
Supplies	\$	_____
Taxes & licenses.....	\$	_____
Travel	\$	_____
Meals	\$	_____
Professional recertification/license renewal	\$	_____
Professional publications	\$	_____
Credit card fees.....	\$	_____
Other	\$	_____

By signing below, you acknowledge that you have read this form, and that the data provided on the Client Data Sheet on the opposite side is accurate to the best of your knowledge.

Taxpayer's signature: _____

Date _____

Spouse's signature _____

Date _____