

ITEMIZED DEDUCTION (homeowners) *ATTACH COPY OF MORTGAGE INTEREST STATEMENT

Medical Expenses	AMOUNT		AMOUNT
Prescription Medicines	_____	Health Insurance premiums paid For you, spouse, and dependents	_____
Doctors/dental/hospitals	_____	<i>DO NOT INCLUDE AMOUNTS PAID AS PRE-TAX THROUGH EMPLOYER</i>	
Special Equipment	_____	Long-term care premiums	_____
Glasses/contact lenses	_____	Other medical expenses:	
Medical Mileage	_____	Description _____	_____
Medical Parking/tolls	_____	Description _____	_____

1. Did you receive a flexible spending reimbursement or insurance company reimbursement for any of the expenses list above? If yes how much \$ _____

Interest Paid

Attach home mortgage interest statement FORM 1098

Taxes you paid

Real estate taxes(<i>if they are not paid through Mortgage company attach Proof of payment</i>)	_____	Auto registration(<i>attach copy of DMV statement</i>)	_____
		Other personal property tax: Boat, RV, Trailer (attach sales contract)	_____

Charitable Contributions

A. PAID BY CASH, CHECK or CREDIT CARD To:

1. _____	\$ _____	6. _____	\$ _____
2. _____	\$ _____	7. _____	\$ _____
3. _____	\$ _____	8. _____	\$ _____
4. _____	\$ _____	9. _____	\$ _____
5. _____	\$ _____	10. _____	\$ _____

B. Clothing/property (attach receipt/s)

C. Mileage traveled for charitable purposes _____ miles (e.g., as volunteer for church, girl scouts, school)

Taxpayer signature

Spouse signature

Taxpayer print name

Spouse print name

Date

Date