

Keep track of your expense 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	\$ _____
Supplies	\$ _____
Hearing Aids & Batteries	\$ _____
Orthopedic Shoes	\$ _____
Therapy Treatments	\$ _____
Canes/Crutches/Braces	\$ _____
Wheelchairs	\$ _____
On Doctor's Advice	
Air Conditioning	\$ _____
Vaporizers	\$ _____
Thermometers & Bandages	\$ _____
Other	\$ _____
Medical Miles Driven	\$ _____
Other Medical Transportation	\$ _____

Contributions/Donations:

Church	\$ _____
College	\$ _____
Other	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
Value of furniture or clothing given to	\$ _____
.....	\$ _____
.....	\$ _____
Volunteer work expenses:	
Church, 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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Miscellaneous and Employee Business Expenses:

Uniform Cleaning	\$ _____
Work Tools	\$ _____
Union Dues	\$ _____
Safety Shoes & Gloves	\$ _____
Tax Return Preparation	\$ _____
Safe Deposit Box	\$ _____
Investment Expenses	\$ _____
Education Expenses	\$ _____

Employment/Job Seeking Fees	\$ _____
Sales/Entertainment	\$ _____
Office-in-Home Expense	\$ _____
Business Travel	\$ _____
Out of Town/Temporary	\$ _____
Vehicle Use (Auto, Truck) Miles	\$ _____
For Work (Non-Commute)	\$ _____
Miles Driven to 2nd Job	\$ _____
Other	\$ _____

Self-Employed Business Expenses:

Advertising	\$ _____
Car & Trucking Expenses	\$ _____
Legal & Professional Services	\$ _____
Office Expenses	\$ _____
Rent or Lease Payments	\$ _____
Utilities/Telephone	\$ _____
Business Miles	\$ _____

Repairs & Maintenance	\$ _____
Supplies	\$ _____
Taxes & Licenses	\$ _____
Travel	\$ _____
Meals	\$ _____
Other	\$ _____
Total Miles	\$ _____

Education Expenses:

Student Loan Interest	\$ _____
Post-secondary, Tuition & Fees	\$ _____

Child Care Expenses:

Provider's SSN/EIN	_____
Amount Paid to Provider	\$ _____