

DEDUCTIONS

MEDICAL EXPENSE		TAX EXPENSE	
Medicine, Drugs & Insulin	\$ _____	Real Estate Taxes	\$ _____
Total Doctors, Dentist, etc	\$ _____	Auto License Fees	\$ _____
Glasses	\$ _____	State Tax for Prior Year	\$ _____
Hearing Aids and Batteries	\$ _____	TOTAL TAX EXPENSE	\$ _____
TOTAL MEDICAL EXPENSES	\$ _____		

CONTRIBUTIONS		INTEREST EXPENSES	
House of Worship	\$ _____	(If residence refinanced or second obtained, bring details)	
Payroll Deductions	\$ _____	Home Mortgage Payments to Bank	\$ _____
Non-Cash Contributions	\$ _____	Home Mortgage Payments to Individual	\$ _____
Charity	\$ _____	Name: _____	
Travel (miles _____ x .14)	\$ _____	Address: _____	
TOTAL CONTRIBUTIONS	\$ _____	TOTAL	\$ _____

MISCELLANEOUS DEDUCTIONS		RENTAL INCOME & EXPENSES	
Union Dues	\$ _____	Address of Properties:	
Tax Preparation Fee	\$ _____	A. _____	
Business Telephone	\$ _____	B. _____	
Job Seeking Expenses	\$ _____	C. _____	
Work Tools	\$ _____	Rent Received:	\$ _____
Safe Deposit Box	\$ _____	Royalties Received:	\$ _____
Prof. Subscription & Societies	\$ _____	Rental Expenses:	\$ _____
Laundry & Uniforms	\$ _____	Advertising:	\$ _____
Investment Expenses	\$ _____	Auto & Travel:	\$ _____
Lottery / Gambling Losses	\$ _____	Cleaning & Maintenance:	\$ _____
Others	\$ _____	Insurance:	\$ _____
TOTAL MISC DEDUCTIONS	\$ _____	Legal/Professional Fees:	\$ _____
		Mortgage Interest Paid To Bank:	\$ _____
TRAVEL		Other Interest:	\$ _____
# OF MILES	_____ MILES	Repairs:	\$ _____
X 0.22		Supplies:	\$ _____
TOTAL	\$ _____	Utilities:	\$ _____
		Wages & Salaries:	\$ _____
		Taxes:	\$ _____
		Other:	\$ _____
		TOTAL RENTAL EXPENSES	\$ _____

AUTOMOBILE EXPENSE: If you used your car on the job or had other job-related expenses, describe briefly (skip this section if the only expenses you incurred were driving to and from work.)

	Miles		Amount		Amount
Total Miles Driven	_____	Gas, etc.	\$ _____	Miscellaneous	\$ _____
Total Bus Miles	_____	Insurance	\$ _____	Repairs	\$ _____
Total Commute Miles	_____	Interest	\$ _____	Interest	\$ _____
Daily Round Trips	_____	Tires, Batteries	\$ _____	License Fees	\$ _____
				Other	\$ _____
				TOTAL AUTO EXPENSES	\$ _____

- Do you have a business? Yes No
- Do you have the profit and loss from the business? Yes No
- Did you sell any stock this year? Yes No