

<u>INTEREST INCOME</u> (bring all 1099's)	Amount	<u>DIVIDEND INCOME</u> (bring all 1099's)	Ordinary	Qualified	Cap. Gain
\$ _____		\$ _____			
\$ _____		\$ _____			
\$ _____		\$ _____			

OTHER INCOME

Any State Tax Refunds Received last year:	Yes or No	\$ _____	Amount Taxable? (if any)	\$ _____
Alimony Received:	From:		TP	\$ _____
Unemployment Compensation:	Received or Repaid:		TP	\$ _____
Social Security Received:			TP	\$ _____
Tip Income / Gambling Winnings / Bonds / Stock Sales	(bring all stock basis info.)			\$ _____
Partnerships / Retirement / IRA Distributions	(bring all 1099-Rs, K-1s, etc.)			\$ _____

CHILD AND DEPENDENT CARE EXPENSES

Please let us know if your employer provided dependent care benefits or if the children are cared for in your own home.

<u>Provider #1</u>		<u>Provider #2</u>	
Name _____		Name _____	
St. Address _____ Ph: _____		St. Address _____ Ph: _____	
City, State, Zip _____		City, State, Zip _____	
SSN / EIN: _____ Amt Paid: _____		SSN / EIN: _____ Amt Paid: _____	

SCHEDULE 'A'

Complete "only" if the cumulative total is **more than your standard deduction** of:

Single, (& Married Filing Separate) = \$5,700 Married Filing Joint = \$11,400 Head Of Household = \$8,350

MEDICAL EXPENSES (to be reduced by 7.5% of your Adjusted Gross Income)

Prescriptions (4)	\$ _____	Health Ins Premiums (7)	\$ _____	Lab fees/ hearing aids (10)	\$ _____
Total doctors, dentists (5)	\$ _____	INS. REIMBURSED (8)	\$ _____	Glasses/contacts/Lasik (10)	\$ _____
Hospitals, clinics (6)	\$ _____	Parking/Tolls: (9)	\$ _____	Medical Miles: (52)	\$ _____

TAXES PAID

Real Estate Taxes: Home _____ (2nd Home or Time-Share) _____ (15)	\$ _____
State Estimated Tax paid in Jan. (11) _____ Previous Year's State Taxes paid (Year: _____) (14)	\$ _____
Vehicle Lic. Fee: auto, trailer, boat, RV #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____ (18)	\$ _____
Personal Prop.(Boat) Tax (18) _____ Sales Tax on Vehicles, Boats, etc. #1 _____ #2 _____ (93)	\$ _____

HOME MORTGAGE LOAN INTEREST (1098-Mortgage Interest)

# 1: _____ \$ _____	# 4: _____ \$ _____
# 2: _____ \$ _____	# 5: _____ \$ _____
# 3: _____ \$ _____	# 6: _____ \$ _____
Points on 1098 _____ \$ _____	Total Interest & Points reported on 1098 (21) _____
Mort. int. pd to a person: Name/Address/SSN: _____ (22)	
Points Paid on Refi. or New Home (not on 1098) _____	
Qualified Mortgage Insurance Premiums Paid (39) \$ _____	Total Interest & Points pd on Refi/New Home (23) \$ _____

CONTRIBUTIONS (bring a Detailed List along with Donation Receipts, Appraisals, and/or Letters from Charities)

Cash: Church: _____ \$ _____	Misc: _____ \$ _____ (32)	\$ _____
Payroll & Out of Pocket Deductions: (teaching, scouts, coaching, etc) To: _____	\$ _____ (31)	
NonCash Donations: #1 _____ \$ _____	#2 _____ \$ _____ (33)	
Charitable Travel: (school, scouts, coaching, church, etc.) Charity: _____ Miles: (53) _____	Total: \$ _____	

MISCELLANEOUS (to be reduced by 2% of AGI)

Prof / Union Dues (42) _____	Business journals (43) _____	Job seeking exp. (43) _____	Tax prep. Fee (45) _____
Job related school (43) _____	Teaching Supplies (55) _____	Supplies / tools (43) _____	Safe deposit box (46) _____
Investment/IRA fees (44) _____	Uniforms/safety gear (43) _____	Cell phone (43) _____	Legal fees (47) _____
Unreimbursed travel (43) _____	or # Of days traveled _____	& # Of travel meals _____	Moving expenses _____