Taxpayer Name_____

Interest & Dividend Income – PLEASE BRING 1099 FORMS RECEIVED

Payer	Amount

Child Care Deductions **Number of Dependents Qualifying (under age 13)**_____

Provider's Name	Provider's Address	Social Security #	Amount

Do you participate in a dependent care benefit deduction plan through your employer? ☐ _____Yes ☐ _____No

ITEMIZED DEDUCTIONS:

Medical (Must Exceed 10% of AGI if under age 65 or 7.5% if over 65) **Amount**

Prescription Drugs. . . . . _____
Medical Insurance Premiums. . . . . _____
(Do not include Social Security Medicare Premiums here if also on your social security statement)
Long Term Care Premiums . . . . . _____
Doctors/Dentists/Chiropractors. . . . . _____
Clinic/Lab Tests/Eyeglasses. . . . . _____
Hospitals . . . . . _____
Hearing Aids. . . . . _____
Miles Driven for Medical Care. . . . . _____

Interest **Amount**

Please bring 1098 statements received

Home Mortgage . . . . . _____
Home Equity Loan . . . . . _____
Home Equity Loan. . . . . _____
Home Equity Loan. . . . . _____
Paid to Individual. . . . . _____
Individual's Name, Social Security Number & Address
_____

Taxes **Amount**

Please bring statements from lender or taxing authority

Real Estate . . . . . _____
Real Estate . . . . . _____
Personal Property . . . . . _____
_____
Sales Tax Paid on Vehicles and Recreational Vehicles
_____

Contributions: **Amount**

Cash, Check or Payroll Deductions . . . _____
Property Donated. . . . . _____
Mileage Driven as Volunteer for charity _____
(Boy/Girl Scout leader, etc)

Please make sure any donations claimed have been made to a qualified charity and you have receipts. If in doubt, ask for their non-profit status letter from IRS.

Miscellaneous Deductions (Exceed 2% of AGI) **Amount**

Union and Professional Dues . . . . . _____
Tax Return Preparation . . . . . _____
Tools, Equipment, Supplies . . . . . _____
Employment Related Education. . . . . _____
Unreimbursed Business Expenses . . . . . _____
Uniforms . . . . . _____
Safety Deposit Box Rental . . . . . _____
Investment Expenses . . . . . _____
Unreimbursed Business Mileage. . . . . _____
(You MUST have mileage logs to document mileage)

Miscellaneous Deductions (Not Subject to 2% AGI)

Gambling Losses (to extent of winnings) _____

If it appears you may qualify for the earned income credit, we will need to ask more questions to make a determination on your eligibility. They may include questions about your living arrangements and who else is related to the child. Please help us get you all credits you have earned and prevent the abuse of this credit by someone not entitled to claim it.