

SCHEDULE A - ITEMIZED DEDUCTIONS

Medical/Dental/Vision

Health Premiums - Dental, Vision, Medicare B	\$
Copays - Doctor visits, Rx, Dentist, Vision	\$
Hospital	\$
Eye glasses, contacts	\$
Crutches, artificial limbs, etc.	\$
Medical equipment	\$
Medical transportation or miles driven	\$
Lodging and meals	\$
Self employed health insurance	\$

Taxes Paid

State - income tax, disability insurance (SDI), estimated tax	\$
Real Estate - taxes paid on primary or secondary home	\$
Auto Registration	\$

Interest

Mortgage interest paid on primary or secondary homes	\$
Points paid	\$
Prepayment penalties, late charges	\$

Charitable Contributions

Cash or Tithing	\$
Non-cash items - clothing, canned food, furniture, car, etc.	\$
Church, boy scouts, shelters, Red Cross, Goodwill, public parks	\$

Other Miscellaneous Deductions

Casualty / Theft Loss	\$
Gambling losses (only to offset winnings)	\$
Tax preparation fees	\$
Safe deposit box	\$
Investment income expense	\$
Attorney fees	\$
IRA custodial fees	\$

SCHEDULE A - ITEMIZED DEDUCTIONS

Employee Business Expenses

Car miles (MUST HAVE MILEAGE LOG)	
Union or professional dues	\$
Professional subscriptions	\$
Job search costs	\$
Uniforms and cleaning	\$
Safety equipment, protective clothing	\$
Small or large tools	\$
Office - supplies, furniture, cleaning supplies	\$
Phone expense, cell phone, pager, etc.	\$
Online or DSL expense	\$
Professional gifts, business meetings, promotional expenses	\$
Computer, software and upgrades	\$
Education, license, permits	\$

Other Un-reimbursed, Job-related Expenses

Overnight Travel - hotels, meals, airfare, car rental, tips paid drycleaning	\$
Entertainment - meals, taxi/limo, tips paid	\$

Office use of home (limited to % of home used for office)

Utilities, rent/mortgage, property tax, insurance, repairs, cleaning, furniture	\$
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*****This document is a summary for tax preparation purposes. All deductions listed can be substantiated by receipts / further documentation. I attest that it is true, correct and complete.*****

Signature

Date

Spouses Signature (if applicable)

Date