

Itemized Deductions

Tax Year: _____

Medical Expenses:

Medicine & Drugs _____

Doctors & Dentists _____

Hospitals & Other _____

Medical Miles _____

Taxes:

Property Taxes _____

Vehicle Excise/Wheel _____

Other Personal Taxes _____

Sales Tax on purchase
of Automobiles/Boats _____

Interest Expense:

1st Mortgage _____

Mortgage Interest paid
to an individual _____
(we need name, address, SSN of individual)

Refinancing:

Date Refinanced _____

Number Years of refinance _____

Points Paid _____
(please bring in closing statement)

Contributions:

Cash or Check _____
(must have receipts for all)

Non-Cash _____
(need donation statements)

I/We certify that all information provided is true, accurate and complete, to the best of my/our knowledge and I/we have all the corresponding receipts to back up the information provided.

Taxpayer's Signature _____

Date: _____

Spouse's Signature _____

Date: _____