## \*\*\* ITEMIZED DEDUCTIONS INFORMATION \*\*\*

MEDICAL EXPENSE:		]	NTEREST:	_		
PRESCRIPTION MEDICINES/DRUG	s \$			r interest m	nay be dec	ducted.)
MEDICAL & DENTAL INSURANCE			Home Mortga			
(DO NOT INCLUDE PRE-TAX PRE	MIUMS)			institutions	· <del>-</del>	
Blue Cross-Blue Shield	\$			on new mort		
[Medicare Insurance is on		A]		on refinanc	sing $\$_{\_}$	
Other Medical/Dental/Visi	-		Home Mortga			
Insurance (list company n	ame)		individual	(show that		
	\$		person's n	ame and addr	ress)	
	\$					
LONG TERM CARE INSHusband	\$				\$_	
Wife	\$		Margin/Inve	stment Inter	rest	
			(special r	ules)		
MEDICAL EXPENSES: (de	octor, denti	.st,			\$	
hospital, ambulance, den	tures, glass	es,				
hearing aid, hearing aid su		•	CONTRIBUTIO	NS: NOTE	: Deduct	ions for
	\$			ns of \$250		
	\$			thout writ		
	\$			nization.		
	\$			ributions m		
	\$		cash)	IIDUCIONS M	ade by (	THECKS OF
	\$		Casii)		Ċ	
	\$				\$	
	\$				š	<del></del>
	\$				~	
	\$				Ÿ \$	
	. \$		Charitable	Mileage		miles
\$				w the contr	ihutions	
			•	by cash or		
MEDICAL INS. REIMBURSEMENT	(\$	)		ed name and		
MEDICAL TRANSPORTATION	mi	les				
MEDICAL LODGING	\$			of proper		
				date you		
TAXES:			original co	st, and fair	market t	ralue.)
Real Estate (Residence)	\$				Ş	
Car License-No. of Vehicles	\$\$				Ş	
Other taxes	\$				\$	
	\$					
Sales Tax on Large Items				S DEDUCTIONS:		
(motor vehicle or boat) MAY B	E		Union or Professional dues \$ Tax preparation \$			
DEDUCTIBLE	_ \$					
2220011222	т		Safe Deposit		ş	
				uired by empl		
DEDENDENIC / Maiting / Doole /	T1\ .			pplies necess	ary	
DEPENDENTS' Tuition/Books (	_		for work	,	ş	
Tuition/Books/Activity Fees	K-12 (only)			employee exp		
(List amount by child)				onal publicat	ions Ş	
\$\$\$	\$		Investment e	xpenses s: School Sup	ب 	
			n 12 reacher	s. school sup	P1163 Y	
	*** CAPITAL					
If you had capital gain in	come <u>other th</u>	an lives	tock, such	as sale of	a resider	ice, farm,
equipment, stock, etc., ple	ease complete	the foll	owing: (Fo	or livestock	you will	use farm
worksheet.) Bring Forms	1099-B to the	e office	. Some fo	rms 1099-B	will inc	lude cost
basis.						
CAPITAL GAINS:						
Describe	Date	Date	Original	Cost of	Sale	Expense
Property Sold	Acquired	Sold	Cost	Imprvmnts	Price	of Sale
* *	-			-		
	+++ 35 TT10F		T110011 +++			
1 5'1 1			INCOME ***	' 1 1	1	1 0
1. Did you have any emplo						
Were they included as incom						
2. Did you make payments					[Were yo	u or your
spouse covered by an employ					\$	
3. Did you make payments t					\$	
4. Did you have an	interest pe	enalty o	due to ea	rly withdra	awal of	savings?
\$						
5. Did you make alimony (n	ot child supp	ort) payn	nents during	the year?		
Name:					\$	
					• ———	
	*** ESTIM	MATED TAXE	S PAID ***			
	Federal Esti			State Estimate	es	
	Date Paid	Amount	_	e Paid	Amount	
2016 4th Quarter (Pd Jan 17)		S		\$		
2017 1st Quarter (Apr 17)				\$		
2017 2nd Quarter (Jun 17)				\$		
2017 3rd Quarter (Sep 17)		S		\$		
2017 4th Quarter (Dec 17) <b>OR</b> 2017 4th Quarter (Jan 18)		5		\$ \$		