

IMPORTANT: You may qualify to itemize deductions on your state tax return, even though you do not itemize on the federal. Please fill out all information requested below.

***** ITEMIZED DEDUCTIONS INFORMATION *****

MEDICAL EXPENSE:

PRESCRIPTION MEDICINES/DRUGS \$ _____
MEDICAL & DENTAL INSURANCE \$ _____
 Blue Cross-Blue Shield \$ _____
 [Medicare Insurance is on Form 1099/SSA]
 Other Medical/Dental/Vision Insurance (list company name) \$ _____

LONG TERM CARE INS.-Husband \$ _____
 Wife \$ _____

MEDICAL EXPENSES: (doctor, dentist, hospital, ambulance, dentures, glasses, hearing aid, hearing aid supplies, etc.)

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

MEDICAL INS. REIMBURSEMENT (\$ _____)
MEDICAL TRANSPORTATION _____ miles
MEDICAL LODGING \$ _____

TAXES:

Real Estate (Residence) \$ _____
 Car License-No. of Vehicles \$ _____
 Other taxes \$ _____

Sales Tax on Large Items (motor vehicle or boat) **MAY BE DEDUCTIBLE**

DEPENDENTS' Tuition/Books (Iowa only):

Tuition/Books/Activity Fees K-12 (only)
 (List amount by child)
 \$ _____ \$ _____

***** CAPITAL GAIN INFORMATION *****

If you had capital gain income other than livestock, such as sale of a residence, farm, equipment, stock, etc., please complete the following: (For livestock you will use farm worksheet.) **Bring Forms 1099-B to the office. Some forms 1099-B will include cost basis.**

CAPITAL GAINS:

Describe Property Sold	Date Acquired	Date Sold	Original Cost	Cost of Imprvmnts	Sale Price	Expense of Sale

***** ADJUSTMENTS TO INCOME *****

- Did you have any employee business expenses which were reimbursed by your employer? Were they included as income on your W-2? Yes No (Provide a list of expenses.)
- Did you make payments to an IRA retirement plan? Yes No [Were you or your spouse covered by an employer's retirement plan? Yes No \$ _____]
- Did you make payments to a Keough retirement plan? Yes No \$ _____
- Did you have an interest penalty due to early withdrawal of savings? \$ _____
- Did you make alimony (not child support) payments during the year? Name: _____ and Soc. Sec. No. _____ of recipient. \$ _____

INTEREST:

(No consumer interest may be deducted.)
 Home Mortgage paid to financial institutions \$ _____
 Points paid on new mortgage \$ _____
 Points paid on refinancing \$ _____
 Home Mortgage paid to individual (show that person's name and address) \$ _____

Margin/Investment Interest (special rules) \$ _____

CONTRIBUTIONS: **NOTE:** Deductions for contributions of \$250 or more no longer allowed without written receipt from donee organization. (List below charitable contributions made by checks or cash)
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

Charitable Mileage _____ miles

(List below the contributions of items other than by cash or check. If over \$500 we need name and address of donee, description of property, date of contribution, date you acquired it, your original cost, and fair market value.)
 \$ _____
 \$ _____

MISCELLANEOUS DEDUCTIONS:

Union or Professional dues \$ _____
 Tax preparation \$ _____
 Safe Deposit Box \$ _____
 Uniforms required by employer \$ _____
 Tools and supplies necessary for work \$ _____
 Unreimbursed employee expenses \$ _____
 Bus/Professional publications \$ _____
 Investment expenses \$ _____
 K-12 Teachers: School Supplies \$ _____

***** ESTIMATED TAXES PAID *****

	Federal Estimates		State Estimates	
	Date Paid	Amount	Date Paid	Amount
2013 4th Quarter (Pd Jan 14)		\$ _____		\$ _____
2014 1st Quarter (Apr 14)		\$ _____		\$ _____
2014 2nd Quarter (Jun 14)		\$ _____		\$ _____
2014 3rd Quarter (Sep 14)		\$ _____		\$ _____
2014 4th Quarter (Dec 14) OR		\$ _____		\$ _____
2014 4th Quarter (Jan 15)		\$ _____		\$ _____