

**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. \$ \_\_\_\_\_

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

Date 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) <b>OR</b>		\$ _____		\$ _____
2014 4th Quarter (Jan 15)		\$ _____		\$ _____

**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 \$ \_\_\_\_\_