

NAME(S) \_\_\_\_\_

SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_

# OF DEPENDENTS \_\_\_\_\_

Phone: \_\_\_\_\_

## Possible Legal Deductions

(List amount for items you have – keep receipts for your deductions)

**Medical & Dental** \$ \_\_\_\_\_

Hospital \$ \_\_\_\_\_

Prescriptions \$ \_\_\_\_\_

Insurance Premiums (pre-tax) \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Glasses/Contacts \$ \_\_\_\_\_

Equipment \$ \_\_\_\_\_

Medical Miles \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Long Term Care Ins. \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Contributions (Cash)**

Church \$ \_\_\_\_\_

College \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Contributions (other than Cash)**

Goodwill \$ \_\_\_\_\_

Disable Vets \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Volunteer Work Expense**

Church, Scouts, School, ETC \$ \_\_\_\_\_

Miles \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Interest Paid**

Home Mortgage \$ \_\_\_\_\_

2<sup>nd</sup> Mortgage/Home Equity \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Taxes**

Real Estate Tax \$ \_\_\_\_\_

Car Tags \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Casualty Losses**

Accident \$ \_\_\_\_\_

Fire \$ \_\_\_\_\_

Theft \$ \_\_\_\_\_

Hurricane \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Direct Deposit Information**

Bank Name: \_\_\_\_\_

Acct# \_\_\_\_\_

Routing# \_\_\_\_\_

**Misc & Employee Business Expense** \$ \_\_\_\_\_

Uniform/Cleaning \$ \_\_\_\_\_

Work Tools \$ \_\_\_\_\_

Union Dues \$ \_\_\_\_\_

Safety Shoes \$ \_\_\_\_\_

Tax Return Preparation \$ \_\_\_\_\_

Safe Deposit Box \$ \_\_\_\_\_

Investment Expense \$ \_\_\_\_\_

Teacher/School Supplies \$ \_\_\_\_\_

Employment/Job Seeking fees \$ \_\_\_\_\_

Sales/Entertainment \$ \_\_\_\_\_

Office-In-Home Expense \$ \_\_\_\_\_

Business Travel \$ \_\_\_\_\_

Vehicle Use Miles \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Self-Employed Business Expense**

Advertising \$ \_\_\_\_\_

Vehicle Use Miles \$ \_\_\_\_\_

Legal/Professional Services \$ \_\_\_\_\_

Office Expense \$ \_\_\_\_\_

Rent/Lease payments \$ \_\_\_\_\_

Utilities/Phone \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Taxes/Licenses \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Education Expense**

Student Loan Interest \$ \_\_\_\_\_

Tuition/Fees \$ \_\_\_\_\_

**Child Care Expense**

Day Care Expense \$ \_\_\_\_\_

(Must provide name, address, SS#, or Tax ID for all providers)

**Other**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_