

**MEDICAL**

**Medical Savings Account contributions**

**Drugs and medicine**

Prescriptions (doctor prescribed only, general drugs not allowed)

Insulin

**Medical insurance**

Insurance - paid by you (include Medicare)

Group health plans (deducted from salary)

**Doctors, dentists, clinics, hospitals, etc.**

Physicians, dentists, etc.

Clinics, hospitals, etc.

Other

Total mileage all trips

Amount paid by you

**Other medical expenses**

Amount paid by you

Amount paid by you

Acupuncture services

Ambulance

Artificial limbs and teeth

Glasses and eye examinations

Hearing aids and batteries

Lab tests

Medical care in home for aged

Nurses (expense and board)

Rental or purchase of medical, healing or convalescent equipment

Special schooling and transportation for physically or mentally handicapped

Support or corrective devices

Therapy and X-ray

Transportation (fares for medical care)

Total mileage for medical (items in this section)

Other

**TAXES**

**Description of Tax**

State Located

Amount of Tax

Real estate taxes (home - do not include special assessments)

Real estate taxes (other)

Property tax rebates (if any)

Personal property tax (if any)

State or local taxes (not listed elsewhere or on W-2)

Other

**INTEREST PAID**

If you borrowed money after October 12, 1987, bring a list showing the dates, amounts, and the use of the proceeds.

**PRIMARY RESIDENCE**

Home mortgage - paid to financial institution

Home mortgage - paid to an individual (list name, address, and SS#)

Name

Address

Social Security #

**SECOND RESIDENCE**

Home mortgage - paid to financial institution

Home mortgage - paid to an individual (list name, address, and SS#)

Name

Address

Social Security #

**Other Loans**

Home improvement

Interest on investments

Interest on school loans (when did repayments begin? \_\_\_\_\_ )

Amount

Contact lending agencies for amount of interest paid during the year if not shown on end of year statements or reported by mail.

**MOVING EXPENSES**

If your residence has changed because you transferred to a new place of employment or because you changed employers, the cost of the move may be deductible. The information below is necessary to determine the amount allowable, if any.

1. Distance from former residence to new business location \_\_\_\_\_ miles

2. Distance from former residence to former business location \_\_\_\_\_ miles

3. Subtract line 2 from line 1. \_\_\_\_\_ miles

If line 3 is less than 50 miles, stop here, you may not deduct moving expenses.

Date new employment began \_\_\_\_\_ If "no", date left \_\_\_\_\_

Still employed at this location? \_\_\_\_\_

Amount

Expenses for train, bus, air travel, auto (include mileage), etc.

Cost of lodging en route

Cost of moving furniture and personal effects (date of move \_\_\_\_ / \_\_\_\_ / \_\_\_\_)

Moving expenses paid by employer