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**Possible Legal Deductions for Taxpayer and/or Dependents Claimed**

(Keep receipts for your records)

If filing jointly, separate forms are needed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medical & Dental Expenses** | | | **Contributions** | |
| Co Pay | | $ | Church Contributions | $ |
| Medical Insurance Premium | | $ | College | $ |
| Dental Insurance Premium | | $ | Other (United Way, March of Dimes, etc) | $ |
| Vision Premium | | $ | Volunteer work expenses:  Church, School, Scouts | $ |
| Amount Paid to Doctor,  Dentist, Eye Doctor, etc | | $ | Volunteer Miles Driven | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Prescriptions | | $ |  | |
| Hospital & Emergency | | $ | **Taxes** | |
| Lab & X-ray | | $ | Real Estate | **$** |
| Dentures/Braces for Teeth | | $ | Personal Property Tax –car tags, | $ |
| Dental Procedure | | $ | **Interest Paid** | |
| Hearing Aid & Batteries | | $ | Home Mortgage Interest | $ |
| Orthopedic Shoes/Leg or Foot Brace | | $ | Qualified mortgage insurance premium | $ |
| Cane/Crutches | | $ | Points paid | $ |
| Other purchases on doctor’s advice | | $ |  | |
| Medical Miles Drive | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $ |
| **Miscellaneous Expenses** | | |  | $ |
|  | $ | |  | $ |
|  | $ | |  | $ |
|  | $ | |  | $ |
| Tax return preparation | $ | |  | $ |
| Investment Expenses | $ | |  |  |
| Teacher/School Supplies | $ | |  |  |
| Safe Deposit Rental Box | $ | |  |  |
|  | $ | |  |  |
|  | $ | |  |  |
|  | $ | |  |  |
|  | $ | |  |  |

I, certify that the information provided is true to the best of my knowledge and I authorize (Company’s Name) to use the information provided to file my taxes. In the event of an audit, I can substantiate my deductions claimed. We shall not be held liable for any IRS audit or investigation resulting from inaccurate information provided or withheld by the taxpayer(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(SIGNATURE) (DATE)**