

MEDICAL EXPENSES

(DO NOT INCLUDE EXPENSES THAT WERE REIMBURSED OR PRE-TAX)

Self employed Health Insurance _____
 Medical Insurance Coverage Full Partial None _____
 Please Bring to Tax Appt. 1095A 1095B 1095C _____
 Long-term Care Insurance _____
 Medical Equipment _____
 Prescriptions (Include Co-Pay) _____
 Eyeglasses/Contacts _____
 Doctors (Include Co-Pay) _____
 Dentist _____
 Hospital and Ambulance _____
 Smoking & Weight Loss Medical Expense _____
 Nursing Home _____
 Medical Auto Miles () @ .17 = _____
 Other Medical Expenses _____

TAXES PAID

Property Taxes School _____
 City _____
 County _____

 Property Tax Freeze Credit Rebate _____
 NYS Income Taxes Paid With 2017 Return _____
 Mortgage Tax _____
 NYS Sales Tax- Large _____

INTEREST EXPENSES

1 Mortgage Interest 1098 _____
 # 2 Mortgage Interest 1098 _____
 # 3 Home Equity line Interest 1098 _____
 Private Mortgage Paid _____
 Name & Address _____
 SS# _____
 Investment Interest _____
 Mortgage Points _____
 Boat/RV/Camper Interest _____

CONTRIBUTIONS

Church, Synagogue, Temple, Mosque _____

 Charitable Mileage _____
 () x .14 = _____
 Other Organizations _____
 United Way _____
 Heart & Lung Assoc. _____
 Cancer & MS _____
 Boy & Girl Scouts _____
 Goodwill or VETS _____
 Salvation Army _____

MISCELLANEOUS DEDUCTIONS

Work Related -Internet Expenses _____
 Work Related Cell Phone _____
 Union Dues _____
 Job Search Expenses _____
 Work-related Tools _____
 Professional Organization _____
 Legal & Accounting _____
 Professional Fees _____
 Work Related Auto Miles () x .535 = _____
 Work Related Parking & Tolls _____
 Professional Journals & Books _____
 Work Related Supplies _____
 Work Related Education _____
 Home Office-Work Related _____
 Uniform Expenses _____
 Upkeep of Uniforms _____
 Safe Deposit Boxes _____
 Moving Expenses _____
 Investment Fees/IRA Custodial Fee _____
 Gambling Losses _____
 Casualty/Theft Losses _____
 Amount of Employer Reimbursement () _____

CHILD CARE EXPENSES

CHILD'S NAME	NAME OF CARE GIVER	ADDRESS OF CARE GIVER	SS# Or PROVIDER ID	AMOUNT PAID TO CARE GIVER

Do You Contribute To a Employer Provided Child Care Plan Yes No

STATE INFORMATION

- College Savings Plan (Contribution/Distribution) _____
 Total Online & Out of State Purchase _____
 Monthly Rent Paid _____
 Are you a Volunteer Firefighter or Ambulance Worker? _____
 Child Support Paid: _____
 Copy of State Drivers License _____