



## 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 ( ) @ .18 = \_\_\_\_\_  
 Other Medical Expenses \_\_\_\_\_

## TAXES PAID

Property Taxes School \_\_\_\_\_  
 City \_\_\_\_\_  
 County \_\_\_\_\_  
 \_\_\_\_\_  
 Property Tax Freeze Credit Rebate \_\_\_\_\_  
 NYS Income Taxes Paid With 2018 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 .545 = \_\_\_\_\_  
 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

- |  |   |
|--|---|
| <input type="checkbox"/> College Savings Plan (Contribution/Distribution) _____<br><input type="checkbox"/> Total Online & Out of State Purchase _____<br><input type="checkbox"/> Monthly Rent Paid _____ | <input type="checkbox"/> Are you a Volunteer Firefighter or Ambulance Worker? _____<br><input type="checkbox"/> Child Support Paid: _____<br><input type="checkbox"/> Copy of State Drivers License _____ |
|--|---|