



## ESTIMATED TAX PAID

	Prior Year Credit	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Extention
Federal Payment						
State Payment						
Date Period	<b>XXXXXXXXXX</b>					
Date Due	<b>XXXXXXXXXX</b>	<b>4/15</b>	<b>6/15</b>	<b>9/15</b>	<b>1/15</b>	<b>4/15</b>
Extension (4-15 Paid)						

## ITEMIZED DEDUCTION CHECKLIST

### MEDICAL EXPENSES

Health, Accident, Insurance Premium ..... \_\_\_\_\_  
 Drugs and Medicines ..... \_\_\_\_\_

### MISCELLANEOUS

Dr. .... \_\_\_\_\_  
 Dr. .... \_\_\_\_\_  
 Dr. .... \_\_\_\_\_  
 Dentist. .... \_\_\_\_\_  
 Dentist. .... \_\_\_\_\_  
 Hospital ..... \_\_\_\_\_  
 ..... \_\_\_\_\_  
 Laboratory / X-rays..... \_\_\_\_\_  
 Parking/Taxi/Bus. .... \_\_\_\_\_  
 Ambulance ..... \_\_\_\_\_  
 Glasses/Eye Exams. .... \_\_\_\_\_  
 Hearing Aid/Batteries ..... \_\_\_\_\_  
 Prosthetic Appliances. .... \_\_\_\_\_  
 Sick Room Supplies & Appliances..... \_\_\_\_\_  
 ..... \_\_\_\_\_  
 ..... \_\_\_\_\_  
 Insurance Reimbursements ..... \_\_\_\_\_  
(For Amounts Listed above)  
 Travel Necessary To Get To Medical Care ..... \_\_\_\_\_ Miles

### TAXES

Real Estate Taxes - Personal Residence. .... \_\_\_\_\_  
 Real Estate Taxes - Other ..... \_\_\_\_\_  
 Other ..... \_\_\_\_\_

### INTEREST

Home Mortgage 1st\* ..... \_\_\_\_\_  
 Home Mortgage 2nd\*..... \_\_\_\_\_  
 Other home loan ..... \_\_\_\_\_  
 Points on financing new home..... \_\_\_\_\_  
 Points on refinancing ..... \_\_\_\_\_

\*if paid to indiv., list:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Social Security # \_\_\_\_\_

### CONTRIBUTIONS

Churches ..... \_\_\_\_\_  
 ..... \_\_\_\_\_  
 Community Chest/United Crusades. .... \_\_\_\_\_  
 Red Cross ..... \_\_\_\_\_  
 Easter Seals ..... \_\_\_\_\_  
 Heart Fund/Cancer Fund..... \_\_\_\_\_  
 Payroll Deductions ..... \_\_\_\_\_  
 Scouts ..... \_\_\_\_\_  
 Other ..... \_\_\_\_\_  
**NON-CASH CONTRIBUTIONS**  
 Salvation Army/ Goodwill Industries. .... \_\_\_\_\_  
 Other ..... \_\_\_\_\_  
 Miles Driven For Charity..... \_\_\_\_\_  
 (any gift of \$250 or more requires documentation from charity)

### CASUALTY

Total Casualty Loss(Attach Documentation) ..... \_\_\_\_\_  
 (Examples: Theft, Earthquake, Fire, Flood)

### MISCELLANEOUS

Auto Expenses..... \_\_\_\_\_  
 Business Miles ..... \_\_\_\_\_  
 Commuting Miles ..... \_\_\_\_\_  
 Other Miles..... \_\_\_\_\_  
 Business Meals and Entertainment ..... \_\_\_\_\_  
 Employment Agency Fees ..... \_\_\_\_\_  
 Income Tax Preparation ..... \_\_\_\_\_  
 IRA or Keogh Plan Fees ..... \_\_\_\_\_  
 Job Education Expenses ..... \_\_\_\_\_  
 Job Hunting Expenses ..... \_\_\_\_\_  
 Legal(For Protection of Taxable Income) ..... \_\_\_\_\_  
 Mutual Fund Fees ..... \_\_\_\_\_  
 Safe Deposit Box Fees ..... \_\_\_\_\_  
 Safety Equipment..... \_\_\_\_\_  
 Small Tools(estimated life 1year or less) ..... \_\_\_\_\_  
 Subscriptions (Trade Journals) ..... \_\_\_\_\_  
 Business Phone,  
 Fax and Pager Expenses..... \_\_\_\_\_  
 Business Travel  
(Excluding Meals and Entertainment) ..... \_\_\_\_\_  
 Uniforms(Not General Wear) - Cost ..... \_\_\_\_\_  
 Uniforms, Laundry, & Cleaning ..... \_\_\_\_\_  
 Union Dues & Professional Dues..... \_\_\_\_\_  
 Others..... \_\_\_\_\_  
 ..... \_\_\_\_\_  
 ..... \_\_\_\_\_

### ADJUSTMENT TO INCOME

Alimony(Paid to \_\_\_\_\_)..... \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Moving Expenses (Work Related) ..... \_\_\_\_\_  
 Student Loan Interest Paid ..... \_\_\_\_\_

### TAX CREDITS

Child Care (No. of Children \_\_\_\_\_)..... \_\_\_\_\_  
 Other Credits(Attach Documentation) ..... \_\_\_\_\_

### IRA/ROTHS

Current year Contributions	IRA	Roth	Keogh or Sep
You	\$	\$	\$
Spouse	\$	\$	\$

### EXPLANATIONS:

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