

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES
Note:
Do not include pre-taxed medical deductions

Doctors, Dentists, Nurses, etc.	\$	Eyeglasses	\$
Therapy & X-Rays		Contact lenses & supplies	
Hospitals		Ambulance fees	
Medical Insurance Premiums:		Artificial limbs & teeth	
Premiums paid or withheld		Hearing aids & batteries	
Others:		Rental of medical equipment	
Long-Term Care Insurance T		Special Schooling:	
Long-Term Care Insurance S		Mentally or Physically Handicapped	
Medicines & Drugs (Prescribed)		Other	
Miles traveled for medical care _____ Mi.		Total	
Other Travel Expenses			

TAXES
Please provide purchase documents for any vehicles purchases during the year

Real Estate:		Ownership Fees:	
Tax on your home	\$	Vehicles	
Trailer/Mobile Home		Trailer	
Other Real Estate taxes (do not include rental)		Motorcycles	
Additional State Income Taxes paid last year		Head Tax	
		General Sales Taxes	
		Sales Tax – Vehicles	
		Other	
		Other	

INTEREST PAID
Please provide closing documents for review of any possible deductions if you purchased or refinanced any Real estate

HOME MORTGAGE INTEREST PAID <small>Not for a Rental - Enter Rental Interest on Separate Form. A qualifying second home may be a motor home, boat, camp trailer, etc.</small>	1st MORTGAGE	2ND MORTGAGE	POINTS ON PURCHASE OF HOME	OTHER MORTGAGES
Primary Home*				
Mortgage Insurance Premium (2007)				
Second Home*				
Refinance Points Paid on Home				
If mortgage paid to an individual, please provide the following:	INVESTMENT INTEREST PAID			
Individual's Name: _____	Interest paid for investments, such as land, stocks, etc.			
Address: _____	Paid To		Amount	
Social Security #: _____				
<i>*Amounts should agree with Form 1098. If the amounts shown DO NOT coincide with Form 1098 issued by the mortgage holder, check here <input type="checkbox"/>. If Form 1098 was issued in another's SS #, enter that person's name and SS#:</i>				

