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## **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 careMi.	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	
- 1	Trailer/Mobile Home	Trailer	
y I	Other Real Estate taxes	Motorcycles	
s	(do not include rental)	Head Tax	
╝	Additional State Income Taxes	General Sales Taxes	
	paid last year	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  Not for a Rental - Enter Rental Interest on Separate Form.  A qualifying second home may be a motor home, boat, camp trailer, etc.	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 PAI	D
Individual's Name:	Interes	st paid for investme	nts, such as land,	stocks, etc.
Address:		Paid To		Amount
Social Security #:				
*Amounts should agree with Form 1098. If the amounts				
shown DO NOT coincide with Form 1098 issued by the				
mortgage holder, check here $\square$ . If Form 1098 was issued in another's SS #, enter that person's name and SS#:				
in another \$ 55 #, enter that person \$ name and \$5#:				

	RECEIPTED CASH CONTRIBUTIONS Church	Φ.	OTHER THAN CASH CONTRIBUTIONS (IF OVER \$500, ADDITIONAL ORGANIZER	B BEOLIDED
CONTRI-	United Way Contributions	\$	Goodwill	REQUIRED)
BUTIONS	Other		Salvation Army	
	Other		ARC	
	Other		Other	
	Mileage for charitable workMi.		Other	
			-	
		+		
MICCEL		AMOUNT		AMOUN
MISCEL- LANEOUS	Gambling/Lottery Losses		Expenses for Production of Income:	
DUCTIONS	(Only if you had winnings)		Legal and accounting fees  Collection expenses	
Doorions	Dues to Professional Association		Fees paid to an IRA Custodian/KEOGH, etc.	
	Malpractice insurance premiums		Use of auto for employer (need organizer)	
	Job hunting expenses (include agency fee)		Other Expenses	
	Cost of preparing resume		Fees paid for investment counsel	
	Professional journals & magazines		Tax preparation	
	Uniforms/Safety Equipment		Cost of tax periodicals, manuals, etc.	
	Union dues and fees		Rent of safe deposit box (storing non-tax-exempt Securities)	
	rools required		storing non-tax-exempt Securities)	
<b>5</b> :				
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