



Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Due Date \_\_\_\_\_  
 Taxpayer's Social Security Number \_\_\_\_\_ Spouse's Social Security Number \_\_\_\_\_

**DEDUCTIONS & CREDITS**

ADJUSTMENTS		TAXES				CONTRIBUTIONS			MISCELLANEOUS DEDUCTIONS		
Traditional IRA Contribution		State Income Tax Bal. Pd.				(/) Canceled Check or Receipt	Amount	CK	Recp	Dues & Subscriptions	
Roth IRA Contribution		State Quarterly Estimate				Church				Education	
Self Employed Health Ins		1st	2nd	3rd	4th	Heart				Job Seeking Expense	
Keogh, SEP, and SIMPLE						Cancer				Uniforms	
Forfeited Interest		Local Income Tax				United Fund				Business Entertainment	
Alimony Paid		Pers. Prop. - State				Others				Vehicle Expense	
Moving Expenses		Pers. Prop. - City								Tolls & Local Transp.	
MSA		Real Estate - State								Legal & Acctg.	
<b>FEDERAL TAXES</b>		Real Estate - City								Custodial Fees	
Fed. Income Tax Bal. Pd.		Other								Investment & Tax Advice	
Federal Quarterly Estimate										Safe Deposit Box	
1st	2nd	3rd	4th			Contributions Other than Cash Receipts and Records Required				Hobby Losses	
						Clothing				Impairment Related Work Expenses	
<b>MEDICAL</b>		<b>INTEREST</b>				Furniture				Amortizable Bond Premium	
Drugs & Medicines		Home Mortgage to Financial Inst.				Transportation				Gambling Losses	
Medical Insurance Premiums		Home Mortgage to Individuals (Bring name, address, and SS# of individual)								Other	
Doctors, Dentists, Etc.		Deductible Points				<b>CASUALTY LOSSES</b>					
Hospitals, Clinics, Etc.		Investment Interest				(Fire, Lightning, Wind, Water, Car Accidents & Theft)					
Hearing Aids & Batteries		Student Loan Interest									EDUCATION CREDITS
Glasses & Contact Lenses										(Bring 1098-T)	
Transportation, Parking										Tuition Paid	
Other											
Reimbursement											

CHILD & DEPENDENT CARE		I.D. #	
Provider's Name	Address		
			Amount Paid