

Medical

(Doctor, Dentist, Braces, Hospital, Co-Pays,
Eye Doctor, Glasses, Ear Doctor, Hearing Aids)

Cancer Policy \$ _____
 Medical Insurance Pre-Taxed? Y N \$ _____
 Extended are Insurance \$ _____
 Prescription Drugs \$ _____
 Medical Miles **Total** _____

TOTAL MEDICAL EXPENSE

**Bring in Market Place 1095-A form **

Interest Expense

Home Mortgage 1st \$ _____
 Home Mortgage 2nd \$ _____
 (If you paid mortgage to an individual we need their
 Name, Address and SS Number) _____
 \$ _____
 \$ _____

Investment Interest

(Personal Interest: Credit Cards &
 Personal Auto are NON-Deductable)

Child Care Expenses

Providers Name: _____
 Providers Address: _____
 Providers EIN/S.S. # _____ #1
 Amount Paid for Child Care (Child) #2
 #3 _____

Miscellaneous & Other Expenses

\$ _____
 Prior Year Tax Fees \$ _____
 Union/Professional Fees # _____
 Employee Auto Expenses (Mileage Only)
 Make, Model & Year _____
 \$ _____
 Total Miles \$ _____
 Business Miles \$ _____
 \$ _____
 Other Specific Expenses \$ _____
 Interest Paid _____

Notes: _____

Other Business Expenses \$

Hotels/Motels \$ _____
 Meals (out of town) \$ _____
 Tools/Supplies \$ _____
 Airfare/Tolls/Parking \$ _____

Taxes

State Income Tax prior yr balance
 Real Estate Property Tax \$ _____
 Personal Property Tax: \$ _____
 (Vehicle Ad Valorem) \$ _____

Contributions

Church
 Charities \$ _____
 Non-Cash \$ _____
 Volunteer Miles Driven \$ _____
 (Documentation required if Nor \$ _____
 donations were 500 or more)

Estimated Taxes Paid & Date

Federal Date _____ / _____
 Amount \$ _____ \$ _____
 State Date _____ / _____
 Amount \$ _____ \$ _____

IRA Contributions

Taxpayer _____
 Spouse _____

Moving Expense _____
 Alimony Paid _____

Special Notes

Investment Expenses \$ _____

Uniforms, Boots, Laundry \$ _____
 Safety Equipment \$ _____
 School/Courses/Certificates \$ _____
 Safety Deposit Box _____

visit our website
 Make an Appointment

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 Fillable PDF or print



***Important: If we did not prepare your previous years tax return, please bring a copy with you.**

***If you received Health Insurance through Market Place, Bring in the required 1095-A.**