

**Medical**

(Doctor, Dentist, Braces, Hospital, Co-Pays,

Eye Doctor, Glasses, Ear Doctor, Hearing Aids)

Cancer Policy \$

Medical Insurance Pre-Taxed? Y N \$

Extended care 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 &amp; 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

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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.*