

## Medical & Taxes

---

Taxpayer Name	
---------------	--

Medical and Taxes	Amount
Prescription medicines and drugs	
Medical insurance premiums paid <sup>1</sup>	
Long-term care expenses	
Insurance Reimbursement	
Lodging	
Doctors, dentists, etc.	
Hospitals	
Lab fees	
Eyeglasses and contacts	

Miles driven for medical care	
-------------------------------	--

Taxpayer long-term care insurance premiums paid	
Spouse long-term care insurance premiums paid	

---

<sup>1</sup> Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2

## Taxes Paid

---

Taxes Paid	Amount
Personal property taxes paid (include vehicle taxes)	
General sales tax paid on specified items	

Real Estate taxes - Please list	Amount

Other Taxes Paid	Amount

If you purchased or sold your home, did you include any taxes from your closing statement in the above amounts?	Yes	No

## Mortgage Interest & Points

---

Mortgage Interest and Points	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below?		
Did you refinance your home? If yes, please upload your closing statement and indicate the length of your new mortgage.		
Did you purchase a new home or sell your former home during the year? If yes, please upload the closing statements from the purchase and sale of your new and former homes.		

Mortgage Interest Paid to Financial Institutions. Please provide a copy of Form 1098 from your lender	Amount

Other Home Mortgage Interest Paid	Amount

Investment Interest Expense	Amount

## Charitable Contributions

### Cash Contributions

You cannot deduct a cash contribution, regardless of the amount, unless you keep a record of the contribution such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date and the amount or a written communication from the charity.

Please list the name of the charity to whom you made cash donations	Amount

Conservation Real Property	Amount
100% limit	
50% limit	

Charitable Mileage	Miles Driven
Number of miles traveled performing volunteer work for qualified charitable organizations	

Noncash contributions totaling \$500 or less: Please provide a description of donated property	Amount

### Noncash contributions totaling more than \$500

Please provide the following information for each donation

Donee Name & Address	Property Description	Date Acquired	Donation Date	Cost or Basis	Method of Acquisition	Valuation Method	Fair Market Value