



Business & Itemized Deduction

Tax Year _____

Signature _____ **Date:** _____

<u>Medical & Dental:</u>	<u>Amount</u>	<u>Contributions:</u>	<u>Amount</u>
Doctor		Church	
Doctor		College	
Doctor		United Way	
Doctor		March of Dimes	
Operations		CFC	
Prescription Drugs		Other	
Medical/Dental Insurance		Value of furniture of clothing	
Long-term Care Insurance		given to:	
Hospital & Emergency			
Lab & X-ray		<u>Volunteer work expenses:</u>	
Visiting Nurses/In-home Care		Church, Scouts, School, etc	
Dental		Auto Miles Driven	
Dentures & Braces			
Glasses & Contact Lens			
Supplies		<u>Taxes:</u>	
Hearing Aids & Batteries		Real Estate Tax	
Orthopedic Shoes		Personal Property Tax	
Therapy Treatments		State Income Tax	
Canes/Crutches/Braces			
Wheelchairs		<u>Interest Paid:</u>	
On Doctor's Advice		Home Mortgage Interest	
Air Conditioning		2nd Mortgage/Home Equity	
Vaporizers		Home Mortgage to Individual	
Thermometers & Bandages		Name	
Other		Address	
Medical Miles Driven		Points Paid at Closing	
Other Medical Transportatoin		Investment Interest	
		<u>Casualty Losses:</u>	
		Accident, Fire, Theft & Natural Disaster	
<u>Miscellaneous and Employee Busniess Expenses:</u>			
Tax Return Preparation		Employment/Job Seeking Fees	
Safe Deposit Box		Sales/Entertainment	
Investment Expenses		Office-in-Home Expense	
Teacher/School Supplies		Business Travel	
<u>Self-Employed Business Expenses:</u>		Repairs & Maintenance	
Advertising		Supplies	
Car & Truck Expenses		Taxes & Licenses	
Legal & Professional Services		Travel	
<u>Self-Employed Business Expenses:</u>		<u>Other:</u>	
Office Expenses			
Rent or Lease Payments			
Utilities/Telephone			
Meals			
<u>Education Expenses:</u>			
Student Loan Interest			
Post-secondary, Tuition & Fees			