

"Plan to Reduce your Income Tax"

Itemized Personal Deductions - Schedule A

(Includes a review for Unreimbursed Employee Expenses - Form 2106)

MEDICAL EXPENSES PAID		
Generally Must Exceed 7.5% of Income		
Hosptial, Medical and Dental Insurance	\$	
Name of Insurance Carrier		
Group Health Insurance Deducted From Pay	\$	
Medicare Insurance Premiums	\$	
Prescription Drugs (no "over-the-counter" drugs)	\$	
Doctors	\$	
Dentists	\$	
Psychotherapy, Psychological Counseling	\$	
Hospital	\$	
Nursing Home, Nursing Care	\$	
Glasses, Hearing Aids, Batteries	\$	
Lab & E-Ray	\$	
Medical Equipment & Supplies	\$	
Physical Therapy	\$	
Ambulance	\$	
Other	\$	
Other	\$	

TAXE	S PAID	
Real Estate: Home	\$	
Other	\$	
Vehicle License Fees:	\$	
Number of Vehicles		
Personal Property Tax (Boat, Plane, Etc.)	\$	
State Income Tax Paid (Provide Canceled Checks):		
Balance Due on Last Year's State Return	\$	
Extension Payment on Last Year's State Return	\$	
Payment on a Prior Year's State Return	\$	
Last Year's 4th Quarter. Estimate Paid to State		
January of this year.	\$	
Other	\$	
Other	\$	
Other	\$	

HOME MORTGAGE INTEREST PAID			
Not for rental property	Primary Residence	Second Home	
First Loan:	•		
Paid to a Bank, S&L, Etc.	\$	\$	
Paid to an Individual (Must List Below)	\$	\$	
Name:	Address:		
SS#	Address Line 2:	Address Line 2:	
Second Loan:			
Paid to a Bank, S&L, Etc.	\$	\$	
Paid to an Individual (Must List Below)	\$	\$	
Name:	Address:		
SS#	Address Line 2:		

	T.
Home Equity Loan	\$
If Form 1098 was issued in another's social security number	
Name:	SS#
Did you refinance during the year?	[]Yes []No
Does your home equity loan exceed \$100,000?	[]Yes []No
Does the sum of all home mortgages exceed \$1,100,000?	[] Yes [] No
OLIADITADI E O	
CHARITABLE CO	
Written verification is required for each contribution of \$250 or mo	·
action contributions, raffle or lottery tickets, o	
Church Tomple	Amount
Church, Temple Governmental Organizations	\$ \$
Payroll Deductions	\$
Red Cross, Cancer	\$
Scouts	\$
School, College	\$
United Way	\$
Other	\$
Other	\$
Non-Cash Contributions	Value
Provide a detailed list of items if total amount is more than \$500.	The list must include, for each item; cost, fair market value, date
acquired, date contributed, and name a	nd address of organization donated to.
Clothing, Furniture, etc. Donated	\$
Other	\$
Other	\$
	1*
CASUALTY OR	THEFT LOSS
Generally Must Exce	
Type of Loss:	ted 1070 of filedifie
Date of Loss:	
	To the second se
Fair Market Value Before Loss	\$
Fair Market Value After Loss	\$
Was Loss Covered by Insurance?	[] Yes [] No
Amount Reimbursed by Insurance	\$
INVESTMENT & OT	THER EXPENSES
Attorney Fees	\$
Dues: Union & Professional	\$
Gambling Losses	 \$
IRA & Keogh Fees Paid By You	\$
Investment Counsel Fees	\$
Publications & Journals (For Investment Use)	\$
Safe Deposit Box	\$
Tax Preparation & Consultation Fees	\$
Telephone, Office Supplies (For Investment Use)	\$
Other	<u>·</u>
	Φ
Other Interest Paid (For Investment	\$ to such as land, stocks, ata \
Interest Paid (For Investment	
Paid To	Reason for Loan Interest Paid
	\$
	\$
	\$
	\$
	\$
	\$

\$

Business expenses must be based on receipts and records which should document: the business purpose, date and time, place, and amount.	
Advertising \$	
Bad Debt \$	
Bank Charges \$	
Books and Publications \$	
Business Equipment Purchased During This Year	
Date Purchased Description Cost Notes	
e.g. Sept. 5, 20** e.g. Video Equipment \$ 3,000.00 Depreciate/179	
Business Gifts** \$	
**Gifts are limited to \$25 per person per year. You may not deduct these expenses unless they are documented.	
Business Meals and Entertainment*	
* For business meals and entertainment, you must also document that (1) you discussed business during the meal, or (2) you had a substantial and bonaf	ide
business discussion or activity before or after the meal/entertainment, or (3) you are alone while out of town (enter out of town expenses in Travel section). You	
record the name and business relationship of each person entertained.	
Commissions \$	
Contract Labor \$	
Education and Seminars \$	
Health Insurance Premiums \$	
Health Savings Account (HSA) \$	
Insurance (Not Life) \$	
Interest: Mortgage Paid to Banks \$	
Other \$	
Internet (and/or Cable) \$	
Merchant Fees \$	
Legal and Professional Services \$	
Payroll: (Provide All Payroll Reports) \$	
Wages Paid \$	
P.O. Box	
Postage and Delivery \$	
Professional Dues & Memberships \$	
Professional Licenses \$	
Promotional/Publicity \$	
Rent or Lease: Machinery/Equipment \$	
Rent or Lease: Office Space, Storage, Etc. \$	
Repairs \$	
Research \$	
Retirement Account Contributions*: \$	
Deductible \$	
Non-Deductible \$	
Software \$	
Supplies.	
Office Supplies \$	
Other Supplies \$	
Taxes:\$Sales\$	
Property \$	
Other \$	
Telephone:	
Home \$	
Cell \$	
Other \$	
Union Dues \$	

Utilites: (Enter Home Office Utilites Elsewhere)	\$
Gas	\$
Water & Power	\$
Web Services	\$
Website	\$

TRAVEL EXPENSES:	Notes
Airfare, Train, Bus	\$
Auto Rental, Taxi, Etc.	\$
Laundry	\$
Lodging	\$
Meals & Tips	\$
Passport/Visa Fees	\$
Tips	\$
Other	\$
Other	\$

INDUSTRY SPECIFIC EXPENSES:	Notes
	\$
	\$
	\$
	\$
	\$

HOME OFFICE EXPENSES:	Notes		
To qualify, a home office must be used exclusively and on a regular basis (a) as your principle place of business, or (b) by patients, clients, or customers in meetings			
or dealing with you in	n the normal course of business.		
Total Square Feet of Home			
Square Feet of Office			
Square Feet of Storage			
Insurance (Homeowners'/Renters')	\$		
Management, Condo Fees	\$		
Maintenance & Repairs	\$		
Mortgage Interest	\$		
Property Tax	\$		
Rent	\$		
Utilities:	\$		
Gas	\$		
Water & Power	\$		
Other	\$		
Other	\$		

BUSINESS AUTOMOBILE EXPENSES:		
Automobile Mileage:	2012 Amount	Notes
Total Mileage (Including personal, business, commuting, etc.)		
Business Mileage		
Actual Expenses:		
Auto License (other than personal property taxes)	\$	
Gasoline, lube, oil	\$	
Inclusion amount (enter as positive)	\$	
Insurance	\$	
Interest (car loan)	\$	
Parking fees and tolls	\$	
Personal property taxes (based on car's value)	\$	
Repairs	\$	
Tires	\$	
Value of employer-provided vehicle on Form W2 (2106)	\$	
Vehicle rent or lease payments	\$	

Notes: