

Itemized Deductions

I agree to these Deductions: _____ *Date:* _____

Taxes You Paid:

Real Estate/Property Tax _____

Total Vehicle County Tax _____

Total Vehicle/Wheel & Sur Tax _____

*Did you OWE on your State Tax
Return last year? How much?* _____

Interest You Paid:

Home Mortgage 1st/2nd _____
(All Interest paid on Personal Home)

Home Equity Loan Interest _____

Points paid to Refinance _____
(To get a better interest rate)

Buying your home on Contract?

Total Interest you paid _____

Seller's Name _____

Seller's Address _____

City, State, Zip _____

Seller's S.S. No. _____

Contributions You Paid:

Church (Name if over \$3000) _____

Misc. or United Way _____

Clothing? Books/Papers _____
(Need name of place donated if over \$500)

Casualty & Thefts:

*(Has to be more than 10% of your income,
before you can deduct.) Ask us for details.*

Gambling Losses:

*You can deduct losses up to the amount you
reported you won for the tax year.* _____

Medical Paid:

*(Needs to be over 7.5% of your income,
before you can deduct any)* _____

Long Term Care Premium _____

Health Insurance Premium _____

Medical Miles _____

Total of the Following: \$ _____
*Medicine, Doctors, Dentists, Hospitals,
Dentures, Glasses, Contacts, Braces, etc.*