

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)

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.***

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.*** _____