

# DEDUCTIONS QUESTIONNAIRE



Taxpayer Name

## MEDICAL EXPENSES

Medical & Dental   
Medical Premiums Paid   
Long Term Care Premiums   
Prescription Drugs & Medicine   
Medical Miles Driven Jan1-Jun 30   
Medical Miles Driven July1-Dec30

## INTEREST EXPENSES

SHome Mortgage Interest   
Refinancing Points Paid   
Investment Income

## CONTRIBUTIONS

Cash Contributions   
Non-Cash Contributions   
volunteer Mileage Driven

## TAX EXPENSES

State & Local Income Taxes   
Prior year Income Taxes Paid   
Real Estate Taxes   
Personal Property Taxes   
Qualified New Vehicle Taxes   
Additional State /Local Taxes

## MISCELLANEOUS

Unreimbursed Biz Expenses   
Union Dues   
Tax Prep Fees (prior years)   
Safe Deposit Rental   
Gambling Losses   
Investment Expense (except k1)

Causality, Theft, or Loss

Taxpayer has provided all answers to the above questions to be true and correct to the best of the taxpayer's knowledge.

TaxpayerSignature

Date Signed :        
D D M M Y Y

Spouse Signature

Date Signed :        
D D M M Y Y