

DEDUCTIONS QUESTIONNAIRE



Taxpayer Name

MEDICAL EXPENSES

Medical & Dental

Medical Premiums Paid

Long Term Care Premiums

Prescription Drugs & Medicine

Medical Miles Driven Jan1-Jun 30

Medial 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