

CLIENTS NAME: \_\_\_\_\_

YEAR: \_\_\_\_\_

**PERSONAL ITEMIZED DEDUCTIONS**

**MEDICAL AND DENTAL EXPENSES**

LIST	DOCTOR/CHIROPRACTOR	\$	_____
	DENTAL/ORTHO/VISION	\$	_____
	HOSPITAL	\$	_____
	PRESCRIPTIONS	\$	_____
	OTHER MISC	\$	_____
	INSURANCE-HEALTH	\$	_____
	INSURANCE- LONG TERM	\$	_____
	MEDICAL MILEAGE	\$	_____

**DAY CARE**

<b>NAME</b>	_____
ID #	_____
ADDRESS	_____
AMOUNT	\$ _____
<b>NAME</b>	_____
ID #	_____
ADDRESS	_____
AMOUNT	\$ _____

**REAL ESTATE TAXES**

LIST	_____	\$	_____
	_____	\$	_____

**PERSONAL PROPERTY TAXES**      VEHICLE REGISTRATION      \$ \_\_\_\_\_

**IA SCHOOL DISTRICT/EMS SURTAX** (PRIOR YEAR)      \$ \_\_\_\_\_

**HOME MORTGAGE INTEREST**

LIST	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____

**COLLEGE**

<b>NAME</b>	_____
BOX 1	\$ _____
BOX 5	\$ _____
<b>NAME</b>	_____
BOX 1	\$ _____
BOX 5	\$ _____
BOOKS	\$ _____
OTHER	\$ _____
AOC _____	AOC _____
AOC _____	AOC _____
LIFE - YR	→ _____

**CASH DONATIONS:**

CHURCH		_____	\$	_____
OTHERS	LIST	_____	\$	_____
		_____	\$	_____
		_____	\$	_____

**OTHER DONATIONS**

GOODWILL	DATE	_____	\$	_____
	DATE	_____	\$	_____
OTHERS	LIST	_____	\$	_____
		_____	\$	_____

**TAX PREPARATION FEES**      \$ \_\_\_\_\_

**INTEREST & DIVIDENDS INCOME:**

LIST	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____

**STUDENT LOAN INTEREST**

	<b>T</b>	\$	_____
	<b>S</b>	\$	_____

**IA FEDERAL REFUND / OWE SPLIT**

PRIOR FEDERAL	TAXPAYER	_____	%	\$	_____
\$ _____	SPOUSE	_____	%	\$	_____

**PREPARERS NOTES:**