

Itemized Deductions

Medical & Dental:		Contributions:	
DR Visit	\$	Church	\$
DR Visit	\$	College	\$
Prescription/ Vaporizers/ Thermometers/ Bandages	\$	Good Will	\$
Hospital & Emergency Room Fees	\$	United Way	\$
Nursing Care	\$	March of Dimes	\$
Dental Visit	\$	Heart Fund	\$
Dental Visit	\$	Seals – Christmas & Easter	\$
Dentures	\$	Cancer Society	\$
Glasses & Contact Lenses	\$	Red Cross	\$
Hearing Aids & Batteries	\$	Muscular Dystrophy	\$
Orthopedic Shoes	\$	CARE	\$
Therapy Treatments	\$	Salvation Army	\$
Canes/ Crutches/ Braces	\$	YMCA/ YWCA	\$
Wheelchairs	\$	Clothing	\$
Medical Miles Driven		Furniture	\$
Other Medical Transportation	\$	Toys/Bikes	\$
Taxes:		Charitable Miles	
State Income Tax or Sales Tax	\$	Miscellaneous/ Employee Expenses:	
Real Estate	\$	Uniform Cleaning	\$
Personal Property: Vehicle	\$	Work Tools	\$
Casualty Losses:		Union Dues	\$
Accident, Fire, & Theft	\$	Safety Shoes	\$
Investment Expense	\$	Safe Deposit	\$
Interest Paid:		Education Expenses	\$
Mortgage Interest	\$	Employment/ Job Seeking Fees	\$
Insurance Premiums	\$	Office in Home Expenses	\$
Moving Expenses:		Tax Return Preparation	\$
Vehicle Rental/ Storage Expenses	\$	Investment Expenses	\$
Household Moving Expenses	\$	Vehicle Expenses:	
Lodging Expenses/ Meal Expenses	\$	Did you use your Personal vehicle for work? (Not Commute)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Miles From Old Home to New Job:		Total miles driven for year	
Miles From Old Home to New Home:		Total Business Miles	
Miles From Old Home to New Job:		Commuting miles	
Miles From New Home to New Job:		Days worked during tax year _____	

I/We acknowledge that I/we have receipts and records regarding my/our itemized deductions in my/our possession. I/We have provided the above summary to T-N-C Consulting for the preparation of my/our 20____ individual tax return but did not provide them with all of the receipts and records.

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____