6650 Rivers Avenue
North Charleston, SC 29406
(843) 572-3030
www.bellingerhowell.com

Bellinger Howell
Accountants & Advisors

**** Use as a reminder list or enter amounts ****

TAX YEAR _____

Medical and Dental: (Subject to limitations: Only expenses in excess of 7.5% of combined Adjusted Gross Income)

Dr..... $_____
Dr..... $_____
Dr..... $_____
Dr..... $_____
Operations..... $_____
Prescription Drugs..... $_____
Med/Dental Insurance..... $_____
Long-term Care Ins..... $_____
Hospital and Emergency..... $_____

* *Not necessarily a complete list of potential expenses.*

Lab and X-Ray..... $_____
Visiting Nurses/In-home..... $_____
Dental..... $_____
Dentures and Braces..... $_____
Glasses/Contact Lenses..... $_____
Supplies..... $_____
Hearing Aids/Batteries..... $_____
Orthopedic Shoes..... $_____
Therapy Treatments..... $_____

Canes/Crutches/Braces..... $_____
Wheelchairs..... $_____
Doctor Prescribed
A/C..... $_____
Vaporizers..... $_____
Therm./Bandages..... $_____
Other..... $_____
Medical Miles Driven..... _____
Other Medical
Transportation..... $_____

Taxes:

Real Estate Tax Paid..... $_____
(main home, second home, land, etc.) $_____
$_____
$_____
Personal Property Tax paid..... $_____
(cars, trucks, watercraft, etc.) $_____
$_____
$_____
Prior Year State Income Tax $_____
Refund..... $_____

Contributions/Donations:

Church..... $_____
College..... $_____
Other..... $_____
$_____
Value of furniture..... $_____
clothing given..... $_____
$_____
Volunteer work expenses... $_____
Church, Scouts, School, etc..... $_____
Auto Miles Driven..... _____

Interest Paid: $_____

Home Mortgage Interest..... $_____
2nd Mortgage..... $_____
PMI (Mortgage Insur)..... $_____
Points Paid @ closing..... $_____
Investment Interest..... $_____
Home Mortgage to Indiv..... $_____

Name _____
Address _____
_____

Casualty Losses:

Accident, Fire,Theft, and
Natural Disasters..... $_____

Education Expenses:

Student Loan Interest..... $_____
Post-secondary,Tuition,fees.. $_____

Childcare Expenses:

Provider's SSN/EIN_____
Amount paid to provider $_____

Notes _____