

6650 Rivers Avenue
 North Charleston, SC 29406
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TAX YEAR

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

Medical and Dental: (Subject to Adjusted Gross Income limitations)

Dr.....	\$ _____	Lab and X-Ray.....	\$ _____	Canes/Crutches/Braces.....	\$ _____
Dr.....	\$ _____	Visiting Nurses/In-home.....	\$ _____	Wheelchairs.....	\$ _____
Dr.....	\$ _____	Dental.....	\$ _____	Doctor Prescribed	
Dr.....	\$ _____	Dentures and Braces.....	\$ _____	A/C.....	\$ _____
Operations.....	\$ _____	Glasses/Contact Lenses.....	\$ _____	Vaporizers.....	\$ _____
Prescription Drugs.....	\$ _____	Supplies.....	\$ _____	Therm./Bandages.....	\$ _____
Med/Dental Insurance.....	\$ _____	Hearing Aids/Batteries.....	\$ _____	Other.....	\$ _____
Long-term Care Ins.....	\$ _____	Orthopedic Shoes.....	\$ _____	Medical Miles Driven.....	_____
Hospital and Emergency.....	\$ _____	Therapy Treatments.....	\$ _____	Other Medical	
				Transportation.....	\$ _____

* Not necessarily a complete list of potential expenses.

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	\$ _____

Miscellaneous and Employee Business Expenses:

Uniform Cleaning.....	\$ _____	Safety Shoes/Gloves.....	\$ _____	Vehicle Use Miles.....	\$ _____
Employment seeking fees.....	\$ _____	Business Travel.....	\$ _____	Investment Expense.....	\$ _____
Work Tools.....	\$ _____	Tax Return Preparation.....	\$ _____	For work(non-commute).....	\$ _____
Sales/Entertainment.....	\$ _____	Out of Town/temporary.....	\$ _____	Education Expenses.....	\$ _____
Union Dues.....	\$ _____	Safe Deposit Box.....	\$ _____	Miles driven to 2nd job.....	\$ _____
Office-in-Home Expense.....	\$ _____				

Notes _____

