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*** 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) Lab and X-Ray..... Canes/Crutches/Braces...... \$__ Dr..... Wheelchairs.....\$ Dr..... Visiting Nurses/In-home..... Doctor Prescribed Dr..... Dental..... A/C.....\$_____ Dr..... Dentures and Braces...... Vaporizers.....\$ Operations..... Glasses/Contact Lenses...... Therm./Bandages......\$_____ Prescription Drugs..... Supplies..... Other.....\$ Med/Dental Insurance..... Hearing Aids/Batteries...... Medical Miles Driven..... Long-term Care Ins..... Orthopedic Shoes..... Therapy Treatments..... Other Medical Hospital and Emergency...... \$_ Transportation..... * Not necessarily a complete list of potential expenses. Taxes: **Contributions/Donations: Interest Paid:** Real Estate Tax Paid.....\$_ Church.....\$ Home Mortgage Interest......\$ College.....\$ (main home, second home, land, etc.) 2nd Mortgage..... \$_____\$ Other.....\$ PMI (Mortgage Insur)..... \$_____ Points Paid @ closing...... \$___ Personal Property Tax paid......\$_____ Value of furniture..... Investment Interest...... \$_____ Home Mortgage to Indiv......\$ clothing given..... (cars, trucks, watercraft, etc.) \$ Volunteer work expenses... Name ___ Prior Year State Income Tax Church, Scouts, School, etc.....\$____ Address Refund..... Auto Miles Driven..... Casualty Losses: **Childcare Expenses: Education Expenses:** Accident, Fire, Theft, and Student Loan Interest..... Provider's SSN/EIN Natural Disasters..... Post-secondary, Tuition, fees.. Amount paid to provider Notes