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TAX YEAR

Use as a reminder list or enter amounts. *** Not a complete list of possible deductions.

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.....	\$_____		

Taxes (Do not include rental property)

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 (Not Tuition Paid)..... \$_____
Other..... \$_____
\$_____
Value of furniture..... \$_____
clothing given..... \$_____
\$_____
Volunteer work expenses... \$_____
Church, Scouts, School, etc..... \$_____
Auto Miles Driven..... _____

Interest Paid:

Home Mortgage Interest..... Submit 1098
2nd Mortgage..... Submit 1098
Points Paid @ closing..... Submit 1098
Investment Interest..... \$_____
Home Mortgage to Indiv..... \$_____
Name _____
Address _____

Casualty Losses (Contact our office):

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

Education Expenses:

Submit 1098-E for Student Loan Interest
Submit 1098-T for college tuition
Required tax organizer covers these forms

Childcare Expenses:

Submit caregiver letter containing
provider's address, EIN, qualified
expenses

Notes:

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