

SCHEDULE ~A~
ITEMIZED DEDUCTIONS

MEDICAL & DENTAL PREMIUMS: _____

MEDICAL MILES DRIVEN IN 2017: _____

OTHER MEDICAL & DENTAL: _____

- (Eye glasses, Contacts, Dentures, Prescriptions, Out of Pocket expense etc...)

REAL ESTATE TAXES: _____

NEW MOTOR VEHICLE TOTAL PRICE: _____

- TOTAL VEHICLE TAXES PAID: _____

MORTGAGE INSURANCE PREMIUMS: _____

GIFTS BY CASH or CHECK: _____

GIFTS BY DONATIONS: _____

- (Clothing, Furniture, Baby Items, etc...) Salvation Army, Goodwill, etc...
-

FORM 2106

UNREIMBURSED EMPLOYEE EXPENSES

PARKING FEES, TOLLS & TRANSPORTAION: _____

TRAVEL (Away from Home town): _____

- (Lodging, Airplane, Car Rental etc...)

MEALS and ENTERTAINMENT: _____

VEHILCE EXPENSE

Self Employed or Multiple Jobs

WHEN DID YOU START USING VEHICLE FOR BUSINESS: ____ - ____ - ____

TOTAL NUMBER OF MILES DRIVEN IN 2017: _____

BUSINESS MILES: _____ OTHER MILES: _____

WAS VEHICLE AVAILABLE DUIRN OFF DUTY: YES NO

WAS ANOTHER VEHICLE AVAILABLE FOR PERSONAL USE: YES NO