

**SCHEDULE ~A~**  
**ITEMIZED DEDUCTIONS**

MEDICAL & DENTAL PREMIUMS: \_\_\_\_\_

MEDICAL MILES DRIVEN IN 2018: \_\_\_\_\_

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...)

**VEHILCE EXPENSE**

**Self Employed or Multiple Jobs**

WHEN DID YOU START USING VEHICLE FOR BUSINESS: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

TOTAL NUMBER OF MILES DRIVEN IN 2018: \_\_\_\_\_

BUSINESS MILES: \_\_\_\_\_ OTHER MILES: \_\_\_\_\_

WAS VEHICLE AVAILABLE DURING OFF DUTY: YES NO

WAS ANOTHER VEHICLE AVAILABLE FOR PERSONAL USE: YES NO