**DEAR TAXPAYERS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERSONAL DEDUCTIONS FORM (List amounts for items you have saved proof with receipts.)**

**CLIENT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TAX **YEAR**: 2020\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of this worksheet is to help you organize your tax deductible expenses. In order for an expense to be deductible, it must be considered an “ordinary and necessary” expense. You may include other applicable expense. **DO NOT include** expenses for which you have been **REIMBURSED, EXPECT** to be **REIMBURSED** or are **REIMBURSABLE**.

|  |  |  |  |
| --- | --- | --- | --- |
| **MEDICAL:** |  | **CONTRIBUTIONS:** |  |
| DOCTORS VISITS |  | CHURCH DONATIONS |  |
| PRESCRIPTIONS |  | UNITED WAY |  |
| HMO/PPO PREMIUMS |  | MARCH OF DIMES |  |
| HOSPITAL/E.R. |  | GOODWILL |  |
| DENTURES/BRACES |  | SALVATION ARMY |  |
| GLASSES/LENSES |  | VOLUNTEER WORK EXP. |  |
| THERAPY |  | OTHER |  |
| HEARING AIDS |  |  |  |
| TRUMPCARE PYMNTS |  |  |  |
| **TAXES PAID:** |  | **INTERESTS PAID:** |  |
| REAL ESTATE TAX |  | HOME MORTGAGE |  |
| PERSONAL PROPERTY |  | 2ND MORTGAGE |  |
| OTHER TAXES |  | POINTS PAID @ CLOSING |  |
|  |  |  |  |
| **MISCELLANEOUS EXPENSES:** | **AND/OR** | **EMPLOYEE EXPENSES:** |  |
| WORK UNIFORMS |  | WORK SHOES |  |
| WORK TOOLS |  | DRY CLEANING/LAUNDRY |  |
| SAFETY DEPOSIT BOX |  | JOB SEARCH EXPENSE |  |
| PARKING FEES |  | TOLL CHARGES |  |
| INVESTMENT EXP |  | BUSINESS TRAVEL |  |
| SUBSCRIPTIONS |  | BUSINESS MEALS |  |
| PROF LICENSES |  | AUTO CLUB MEM. |  |
| CELL PHONE |  | SEMINARS/CONVENTION |  |
| LEGAL/LAWYER |  | BUSINESS GIFTS |  |
| TAX PREPARATION |  | HOME OFFICE EXPENSE |  |
| CHILD/GIFT SUPPORT |  |  |  |
| **SELF EMPLOYED BUSINESS EXPENSE:** |  |  |  |
| ADVERTISING EXP |  | CAR/TRUCK EXPENSES |  |
| LEGAL/PROF EXP |  | OFFICE EXPENSE |  |
| RENT/LEASE EXP |  | UTILITIES/TELEPHONE |  |
| SUPPLIES |  | REPAIRS/MAINTENANCE |  |
| TRAVEL EXP |  | MEALS/ENTERTAINMENT |  |
| BUSINESS GIFTS |  | TAXES/LICENSE |  |
| PROF DUES |  | LIABILITY INSURANCE |  |
|  |  |  |  |
| **EDUCATION EXPENSES:** |  | **CASUALTY LOSSES:** |  |
| TUITION & FEES |  | ACCIDENT |  |
| STUDENT LOAN INT |  | THEFT |  |
| BOOKS/SUPPLIES |  | NATURAL DISASTER |  |

**CHILD CARE EXPENSES:**

NAME OF CHILD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVIDERS BUSINESS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVIDERS ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVIDERS SSN/EIN#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT PAID TO CARE PROVIDER: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAXPAYERS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAXPAYERS ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_