



Possible Legal Deductions for Taxpayer and/or Dependents Claimed

(Keep receipts for your records)

If filing jointly, separate forms are needed

Medical & Dental Expenses		Contributions	
Co Pay	\$	Church Contributions	\$
Medical Insurance Premium	\$	College	\$
Dental Insurance Premium	\$	Other (United Way, March of Dimes, etc)	\$
Vision Premium	\$	Volunteer work expenses: Church, School, Scouts	\$
Amount Paid to Doctor, Dentist, Eye Doctor, etc	\$	Volunteer Miles Driven	
Prescriptions	\$		
Hospital & Emergency	\$	Taxes	
Lab & X-ray	\$	Real Estate	\$
Dentures/Braces for Teeth	\$	Personal Property Tax –car tags,	\$
Dental Procedure	\$	Interest Paid	
Hearing Aid & Batteries	\$	Home Mortgage Interest	\$
Orthopedic Shoes/Leg or Foot Brace	\$	Qualified mortgage insurance	\$
Cane/Crutches	\$	Points paid	\$
Other purchases on doctor's advice	\$	Work Expenses	
Medical Miles Drive	_____	Continuing Education	\$
Miscellaneous Expenses		Professional Dues	\$
Uniforms/Gloves/Shoes	\$	Mileage	\$
Work Tools	\$	Meals/Entertainment	\$
Union Dues	\$	Travel	\$
Tax return preparation	\$	Other	\$
Investment Expenses	\$		
Teacher/School Supplies	\$		
Safe Deposit Rental Box	\$		
Small Tools for Work	\$		
Job Supplies	\$		
Job Seeking Expenses	\$		
Other Expenses	\$		

I, certify that the information provided is true to the best of my knowledge and I authorize **JayO Tax & Financial Services** to use the information provided to file my taxes. In the event of an audit, I can substantiate my deductions claimed. We shall not be held liable for any IRS audit or investigation resulting from inaccurate information provided or withheld by the taxpayer(s).

(SIGNATURE)

(DATE)