

DEDUCTIONS

MEDICAL DEDUCTIONS (do not include amounts reimbursed through a cafeteria or flex plan):

Prescription medicines _____
 Health and accident insurance (not disability) _____
(Do not include amounts deducted pretax from paycheck) _____
 Medicare premiums - Part B _____ Part D _____
 Long-term care insurance (T) _____ (S) _____
 Long-term care expenses _____
 Number of medical miles driven for patient _____
 Total doctors, dentists, and hospital _____
 Eyeglasses and contacts _____
 Hearing aids and batteries _____
 Motel for patient (\$50. per night/per patient) _____
 Insurance reimbursement (for above expenses) _____

Income Taxes and Estimates Paid

	<u>Federal</u>	<u>State</u>
January 2015	_____	_____
April 2015 (balance due)	_____	_____
April 2015 (estimate)	_____	_____
June 2015	_____	_____
September 2015	_____	_____
December 2015	_____	_____
January 2016	_____	_____

REAL ESTATE TAXES

CAR LICENSE PAID (no pickups with the grandfathered low rates or boats) _____

SALES TAX – major home building materials purchased from retailer, boats, aircraft, vehicles _____

INTEREST PAID (provide 1098's)
 Interest on home mortgage (if paid to an individual provide name, address, and social security number) _____
 Interest on home equity loan _____
 Points paid (provide closing statement) _____
 Investment interest you paid _____
 Mortgage insurance on post 2006 home purchase _____
 Camper interest (provide details) _____

CONTRIBUTIONS: (You must have a check or receipt for all donations; receipt if \$250. or more.) ("Items" donated must be in good condition.)

Contributions: cash (with receipt) or check _____
Non-monetary (food, clothing, etc.) (provide detail if non-monetary total is \$500. or more) _____
 Number of charitable miles driven _____

RETIREMENT/ HEALTH SAVINGS PLANS:

SEP or Keogh Plan – 2015 _____
 SIMPLE Plans – 2015 _____
 HSA or MSA contributions – 2015 _____
 IRA Contributions:

<u>Name</u>	<u>Year Paid</u>	<u>Which Tax Year</u>	<u>Roth or Regular</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER DEDUCTIONS (provide self-employed expenses on a separate worksheet – available upon request):

Professional and union dues _____
 Tax return preparation _____
 Professional subscriptions _____
 Lock box rental _____
 Uniforms and special shoes _____
 Tools and safety equipment used in your work _____
 Qualified teacher's classroom supplies _____
 Supplies _____
 Job hunting _____
 Moving expense relating to new place of employment (over 50 miles) (please detail) _____
 Investment supplies and subscriptions _____
 Management fees for investments _____
 Casualty loss (list or call for disaster worksheet) _____
 Gambling losses (must be able to prove) _____
 Alimony paid (provide name and Social Security number) _____
All work related child care expenses – for each provider list amount paid, name, address, and Social Security Number on a separate sheet _____

EMPLOYEE BUSINESS EXPENSES:

Business automobile expenses or mileage _____
Cost of meals while away from home overnight on business _____
Cost of lodging while away from home overnight on business _____
 Other employee business expenses (list) _____

 Reimbursements received (if gross amount listed above) _____

EDUCATION EXPENSES–You and Dependents:
List all amounts per dependent

Work related education _____
 Student loan interest (provide 1098-E) _____
 Coverdell ESA contribution YEAR _____
 Iowa College Savings Contributions _____
Post Secondary Schooling (Provide 1098-T, 1099s, and billing statements with dates paid)
 Student's name _____
 Year of school: _____
 Fr, So, Jr, Sr, or _____
 Graduate _____
 School _____
 Full or part time _____
 Tuition _____
 Books & equipment _____
 Room and board _____
 Grants/Scholarships _____
 Withdrawals from _____
 education plans _____
 (provide 1098-Q) _____