

DEDUCTIONS

MEDICAL DEDUCTIONS (do not include amounts reimbursed by insurance, cafeteria or flex plan):

Prescription medicines _____
 Health, dental and accident insurance _____
 (no 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) _____

Income Taxes and Estimates Paid

Federal State Date Paid

Prior year balance due _____
 Estimate #1 _____
 Estimate #2 _____
 Estimate #3 _____
 Estimate #4 _____

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 (limited) _____
 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 receipt for all donations.) ("Items" donated must be in good condition.)
 Monetary contributions (with receipt) _____
Qualified charitable distributions from IRA _____
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 _____
 SIMPLE Plans _____
 HSA or MSA contributions _____
 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):

Qualified teacher's classroom supplies _____
 Casualty loss (list or call for disaster worksheet) _____
 Gambling losses (must be able to prove) _____
 Alimony paid (provide name and SSN) _____

CHILD CARE EXPENSES:

Provider name & address _____

 SSN# or EIN# _____
 Amount _____

EDUCATION EXPENSES–You and Dependents:

List all amounts per dependent

Student loan interest (provide 1098-E) _____
 Coverdell ESA contribution YEAR _____
 Iowa College Savings Contributions _____
Post Secondary Schooling (Provide 1098-T, 1098-Q and billing statements with dates paid)
 Student's name _____
 Year of school: _____
 K-12 _____
 Undergraduate _____
 Graduate _____
 School Name _____
 Full or part time _____
 Tuition _____
 Books & equipment _____
 Room and board _____
 Grants/Scholarships _____
 Withdrawals from education plans _____

EMPLOYEE BUSINESS EXPENSES (Iowa Only):

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 _____
 Professional and union dues _____
 Professional subscriptions _____
 Uniforms and special shoes _____
 Tools and safety equipment used in your work _____
 License and continuing education _____
 Other employee business expenses (list) _____

Reimbursements received (if gross amount listed above) _____

MISCELLANEOUS EXPENSES (Iowa only)

Tax return preparation _____
 Lock box rental _____
 Job hunting _____
 Moving expense relating to new place of employment (over 50 miles) (please detail) _____
 Investment supplies and subscriptions _____
 Management fees for investments _____