

Itemized Deduction Questionnaire: Tax Year _____ Advisor Tax Services

Name _____ Signature _____ Date _____

Write in amounts for all expenses that you have incurred: (also send or bring proof or receipts to your appointment – call or email if you have questions)

- _____ Health/dental/vision insurance premiums
- _____ Long term care insurance premiums
- _____ Medical expenses (unreimbursed by insurance)
(doctor, hospital, lab, drug, dentist, eye care, medical devices, etc.)
- _____ paid medical costs for someone other than self, spouse or children
- _____ Nursing home expenses for spouse, dependent, relative
- _____ Medical mileage / lodging
- _____ State taxes paid (balance due from prior year)
- _____ Real estate taxes (primary home)
- _____ Real estate taxes (other property)
- _____ Real estate taxes (at closing)
- _____ Personal property tax (i.e. auto in another state)
- _____ Mortgage interest (form 1098)
- _____ Home equity loan interest (form 1098)
- _____ Seller financed mortgage interest that you paid (provide amortization schedule)

To: _____ Address: _____ SS#: _____

- _____ Points Purchase or refinance? P____ R____
- _____ Investment/margin interest (form 1099 from broker)
- _____ Cash contributions (not political) (requires copy of check, bank statement or receipt)
- _____ Property contributions (clothes, furniture, etc. - provide donee name, address, receipt)
- _____ Volunteer expenses
- _____ Volunteer mileage
- _____ Foster care expenses (un-reimbursed)
- _____ Casualty or theft losses (not paid for by insurance)
- _____ Tax preparation/advice
- _____ Financial planning fees
- _____ Legal fees related to taxes/investments
- _____ Investment expenses
- _____ Safe deposit box
- _____ Repaid unemployment
- _____ Gambling losses

Expenses you incurred as an employee:

- _____ Professional and union dues _____ Job-hunting expenses (same field)
- _____ Professional licenses and fees _____ Job related education expenses
- _____ Professional subscriptions and pubs
- _____ Meals and lodging while away from home overnight (for temp. jobs less than 1 year)
- _____ Other un-reimbursed employee expenses

(uniforms, laundry, small tools, safety gear, supplies, liability insurance, telephone, convention expenses incl. travel, personal vehicle mileage)