

Name:

Tax Year

G MEDICAL EXPENSES PAID GENERALLY MUST EXCEED 7.5% OF INCOME

Hospital, Medical and Dental Insurance Premiums	
Medicare Insurance Premiums (Withheld from Social Security)	
Prescription Drugs (no "over-the-counter" drugs)	
Doctors and Dentists	
Hospitals, Nursing Home, Nursing Care, Lodging, Etc.	
Psychotherapy, Psychological Counseling	
Glasses, Hearing Aids, Batteries, Etc.	
Lab and X-Ray (not included with Doctor and Hospital)	
Equipment, Supplies, Rentals, Etc.	
Auto Travel (for medical purposes)	miles
Parking Fees, Taxi, Bus, Ambulance, Etc.	
Phone Calls to Doctors, Hospitals, Etc (toll charges)	
Other:	
Other:	
Insurance Reimbursement (only for amounts listed above)	

H TAXES PAID

Real Estate - Home & Other Property (not rental)	
Vehicle License Fees: (1) _____ (2) _____	
(3) _____ (4) _____ (5) _____	
Personal Property Tax (Boat, Plane, Etc.)	
State Income Tax Paid (Provide Cancelled Checks)	
Balance Due on Last Year's State Tax Return	
Extension Payment On Last Year's State Tax Return	
Payment On A Prior Year's State Return Or Adjustment	
Last Year's 4th Quarter Estimated Paid To State in January of This Year	

I HOME MORTGAGE INTEREST PAID

Not For A Rental - Enter Rental Interest in Section V	Primary Residence	Second Home
To An Institution: 1st (*)		
2nd (*)		
Home Equity Loan (*)		
To An Individual		
Individual's Name: _____		
Address: _____		

(* Amounts should agree with Form 1098. If the amounts shown DO NOT coincide with Form 1098 issued by the mortgage holder, check here . If Form 1098 was issued in another's SS#, enter that person's name and SS# _____ .

Did you obtain a home mortgage loan after 10/13/87 on either your primary residence and/or second home? Yes No
If yes, provide the following information on all old loans and new loans for both primary residence and second home:
 Loan balance on all previously existing loans on date new loan obtained. Balance and terms of all old loans.
 Date and term of new loan(s) obtained after 10/13/87 and original balance(s). Amount of new loan(s) used for improvements.
Provide copies of the closing statements for any new loans obtained after 10/13/87.

J INVESTMENT INTEREST PAID INTEREST PAID FOR INVESTMENTS, SUCH AS LAND, STOCKS, ETC

Paid To	Amount	Paid To	Amount

K CHILD OR DEPENDENT CARE EXPENSES

Paid To	Social Security # or Tax ID #	Amount
Name: _____		
Address: _____		
Name: _____		
Address: _____		
Name: _____		
Address: _____		

L CHARITABLE CONTRIBUTIONS

Provide detailed list of items if total amount is more than \$500. The list must include, for each item, cost, fair market value, date acquired, date contributed, and name and address of organization donated to.

Church/Temple
Payroll Deduction
Cancer/Heart
Scouts
Red Cross
Expenses in connection with a charitable organization: explain
Travel for charitable purposes
Fair market value of clothing, furniture, etc. contributed

M MISCELLANEOUS BUSINESS & INVESTMENT EXPENSES

Table with 3 columns: Expense Category, Filer, Spouse. Rows include Attorney Fees, Business Gifts, Dues, Employment Related Education/Seminars, Entertainment & Meals, Gambling Losses, Insurance, Investment Expenses, IRA or Keogh Fees, Job-Seeking Expenses, Licenses, Fees, Credentials, Etc., Publications, Books, Etc., Used In Business, Safe Deposit Box, Tax Preparation and Consulting Fees, Telephone, Tools, Supplies, Equipment, Uniforms, etc.

N "OFFICE IN HOME" EXPENSE

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients; clients, or customers in meeting or dealing with you in the normal course of business.

Total Sq.Ft. of Home Of Office Of Storage
Rent(*) Utilities Insurance
Taxes Condo or Mgmt Fees Other:
Maintenance & Repairs: Office Home in General(**)

(*) If you own your home, provide purchase settlement statement and list of improvements to office.
(**) Roof, outside painting OK; not lawn care.

O SECURITIES AND PROPERTIES SOLD

All sales of securities and property MUST be reported even if there is no profit or loss. For each sale provide statements for both the original purchase and sale. Also, please provide form 1099-B and/or 1099-S from the broker or agent.

Table with 6 columns: Description, If, Date Acquired, Date Sold, Selling Price, Original Cost.