

# 2015 DEDUCTION INFORMATION WORKSHEET

## Must Be Filled Out As Completely As Possible (Use Your 2014 Return As a Guide)

### MEDICAL

(Enter Amounts Not Reimbursed by Insurance)

Drugs and Medicines (Only Prescription Drugs and Insulin)..... \$ \_\_\_\_\_

Doctors, Dentists and Nurses..... \$ \_\_\_\_\_

Hospitals and Nursing Homes..... \$ \_\_\_\_\_

Total Health & Dental Insurance **(DOES NOT INCLUDE** Life, Accident, Long-Term Care, or Auto Insurance)..... \$ \_\_\_\_\_

Long-Term Care Insurance..... \$ \_\_\_\_\_

Glasses-Hearing Aids-Contact Lenses, Etc..... \$ \_\_\_\_\_

Other (Ambulances, Shoes, etc.):  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Miles Traveled for Medical Care ..... \$ \_\_\_\_\_

### TAXES

State Income Taxes Paid by Personal Check in 2015 (2014 Balance Due, 4th Quarter Estimated Taxes Paid in 2015 & Delinquent Taxes) **DO NOT INCLUDE** Amounts Withheld From Paychecks ..... \$ \_\_\_\_\_

Property Taxes: Home & Vacant Land: **(DO NOT INCLUDE** Taxes on Rental Property)..... \$ \_\_\_\_\_

Auto and Vehicle License Fees..... \$ \_\_\_\_\_

Boat or Plane Personal Property Taxes ..... \$ \_\_\_\_\_

### INTEREST PAID (Please Bring Forms 1098)

Home Mortgage Paid to Financial Institutions..... \$ \_\_\_\_\_

Home Mortgage Paid to Individual..... \$ \_\_\_\_\_

Individual's Name: \_\_\_\_\_

Individual's Social Security Number: \_\_\_\_\_

Individual's Address: \_\_\_\_\_

2nd Mortgage on Home ..... \$ \_\_\_\_\_

Interest Paid on Second Residence ..... \$ \_\_\_\_\_

Investment Interest (Brokerage Accounts, etc.) ..... \$ \_\_\_\_\_

Interest Paid on **Student Loans**..... \$ \_\_\_\_\_

**MOVING EXPENSE:** If you moved 50 miles or more due to changing your job location, bring all information related to the costs of moving. **NOTE:** Moving after retiring is not tax deductible.

### CONTRIBUTIONS—IRS IS REQUIRING PROOF (RECEIPTS)

House of Worship..... \$ \_\_\_\_\_

Payroll Deduction..... \$ \_\_\_\_\_

Miscellaneous Donations..... \$ \_\_\_\_\_

Used Clothing & Furniture ..... \$ \_\_\_\_\_

Other Donations:  
\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Miles Driven for Charity ..... \$ \_\_\_\_\_

**\*BRING RECEIPTS WITH YOU TO YOUR INTERVIEW.**

### MISCELLANEOUS DEDUCTIONS (Not on Other Worksheets)

Union Dues..... \$ \_\_\_\_\_

Tax Preparation Fees ..... \$ \_\_\_\_\_

Uniforms Purchased for Employment..... \$ \_\_\_\_\_

Cleaning of Uniforms ..... \$ \_\_\_\_\_

Work Tools Expense ..... \$ \_\_\_\_\_

Professional Supplies..... \$ \_\_\_\_\_

Job Related Education Expense ..... \$ \_\_\_\_\_

Trade Publications and Technical Books ..... \$ \_\_\_\_\_

Professional License Fee (Business Related - Does NOT include Driver's License)..... \$ \_\_\_\_\_

Professional and Technical Societies..... \$ \_\_\_\_\_

Safety Equipment (Shoes, Helmets, Gloves, etc.)..... \$ \_\_\_\_\_

Employment Agency Fees ..... \$ \_\_\_\_\_

Other Job Seeking Expenses..... \$ \_\_\_\_\_

Employee Non-reimbursed Expenses ..... \$ \_\_\_\_\_

Business Use of Auto - Miles Driven ..... \$ \_\_\_\_\_

Safe Deposit Box Rental..... \$ \_\_\_\_\_

Investment Expenses & Aids (IRA Fees, etc.)..... \$ \_\_\_\_\_

Other Miscellaneous Deductions:  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

### Child Care Information - Please Complete as Accurately as Possible—IRS will disallow deduction without this information.

Name of Care Provider	Address of Care Provider	Phone Number of Care Provider	Soc. Sec. Number or FEIN of Care Provider	Amount Paid

Additional Information or Questions:

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