

Name: \_\_\_\_\_

YR: \_\_\_\_\_

**Tam's Tax Service Itemized Deduction****Schedule A Form**

<b>Medical</b>	
Prescription Drugs	\$ _____
Health Premium	\$ _____
Dental Premium	\$ _____
Doctors	\$ _____
Dentists	\$ _____
Glasses	\$ _____
Hearing Aid	\$ _____
Labs and X-ray	\$ _____
Meals	\$ _____
<b>Medical Mileage</b>	_____

**Donations by Cash or Check**

<u>Organization</u>	
	\$ _____
	\$ _____
	\$ _____

<u>Non-Cash Organization</u>		<u>Date</u>
Goodwill	\$ _____	_____
Salvation Army	\$ _____	_____
AKS	\$ _____	_____
NSPIRE	\$ _____	_____
	\$ _____	_____
	\$ _____	_____

<b>Charitable Miles</b>	
_____	_____

<b>Unreimbursed Employee Expense</b>	
Union Dues	\$ _____
Educational Expense	\$ _____
Job seeking	\$ _____
Professional license	\$ _____
Trade and prof.	\$ _____
Work tools	\$ _____
Supplies	\$ _____
Business telephone	\$ _____
Uniforms / Laundry	\$ _____
Business mileage	\$ _____
Meals	\$ _____
Cell Phone	\$ _____
Client Gifts	\$ _____

**Other Expenses**

Alimony payments	\$ _____
Gambling winning	\$ _____
Gambling losses	\$ _____
Investment	\$ _____
Safe deposit box	\$ _____
Tax Prep Fee	\$ _____
School Supplies	\$ _____

**Taxes**

Real Estate	\$ _____
State Tax	\$ _____
Ad Valorem	\$ _____
TAVT	\$ _____
Other	\$ _____

**Interest Paid**

Mortgage (1)	\$ _____
Mortgage (2)	\$ _____
Ins. Premium	\$ _____

**Disclaimer:** I certify that I would like my taxes prepared per the information that I supplied above. I also give Tam's Tax Service permission to prepare my taxes.

Taxpayer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_