

Name: _____

YR: _____

Tam's Tax Service Itemized Deduction

Schedule A Form

Medical

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

Donations by Cash or Check**Organization**

\$ _____
 \$ _____
 \$ _____

Non-Cash**Organization****Date**

| | | |
|----------------|----------|-------|
| Goodwill | \$ _____ | _____ |
| Salvation Army | \$ _____ | _____ |
| AKS | \$ _____ | _____ |
| NSPIRE | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

Charitable Miles

Unreimbursed Employee Expense

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: _____