



**Tax and Bookkeeping Services**

Please remember that YOU, the client, are responsible for justifying any figures to the IRS

**Itemized Personal Information**

Name:

Tax Year:

**Medical and Dental**

Pre-Tax Health Insurance

Post-Tax Health Insurance

Long Term Premiums

Doctors

Prescriptions

Dentists

Optical

Medical Mileage

**Other Medical and Dental**

**Charity and Donations**

Donations - Money

Donations - Material

Charity Mileage

[How To Determine Value IRS Guide](#) [Salv Army](#) [Goodwill Guide](#)

**Interest Paid**

Home Mortgage

Second Mortgage

Loan Points

Qualified Mtg Insurance

Investment Interest

**Taxes Paid**

State Income Taxes

Real Estate Taxes

General Sales Taxes

Personal Taxes (car registrations, etc)

**Other Taxes Paid**

Prior Year Tax Prep Fee

Gambling Losses (up to W-2G Income Total only)

Notes/Comments:

your email address: