



J&E Tax Service

ITEMIZED DEDUCTIONS (SCH A)

Please keep receipts for 3 years.

Name: _____

SS# _____

MEDICAL & DENTAL EXPENSES

These expenses are only accepted if they are more than 7.5% of your income.

Vision, Health & Dental Insurance		Miles for medical trip	
Long Term Care Insurance		Lodging (If Medical trip)	
Prescriptions (no over-counter)		Required Nursing Home Care	
Doctors, Dentists, Eye Doctors, Acupuncture, Chiropractics		Programs for Weight Loss, Stop Smoking, or Stop Alcohol & Drugs	
Medical Care Costs (X-Rays, Hospitals, Clinics, Labs)		Medical Costs for parents if you support them 50% or more	
Other Costs (glasses, contacts, Braces, wheelchair, crutches, hearing aids)		Child Birth Class, Breast-Feeding Pump, Pregnancy Tests	

TAXES

Real Estate (Your home)		Car Registration	
Other properties you own		Personal Property (boats, RVs, atv's etc.)	
For Purchased items (clothes, Electronics, home items)			

INTEREST

If you refinanced or purchased your home, please bring loan documents.

Home Mortgage (1098)		Paid to Individuals for a Home (Must include Name, Address & SSN)	
For other properties you own		Investment Interest	
Closing Papers			

DONATIONS/GIFTS TO CHARITY

Less than \$500 only. If \$500 or over, use 8283.

Cash or Check donations (church, Goodwill, YMCA, non-profit)		Miles (for Religious or Charity purpose)	
NON-Cash or Check donations to non-profit organizations (clothes, toys, canned food, furniture, etc)			

CASUALTY AND THEFT LOSSES (FROM A FEDERALLY DECLARED DISASTER)

Accidents, Fires, Tornados, Hurricanes, Floods & House	
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MOVING EXPENSES (ONLY ACTIVE-DUTY MILITARY)

# Of Miles from previous home to previous job		# Of miles from previous house to new job	
Actual Moving Expenses (transportation, storage, meals, hotel, etc.)			

OTHER MISCELLANEOUS DEDUCTIONS

Gambling Losses (up to gambling winnings)			

I attest that all information that is given on this data sheet and to the preparer is true and accurate to the best of my knowledge and is subject to possible IRS or State review. The statement of the agent or preparer is based on information supplied by the taxpayer. I understand that I am solely responsible, and that J & E Tax Service, has no responsibility. I have reviewed my tax information and verify that it is correct to my knowledge.

Print Name: _____ **Date** _____

Signature _____