

Itemized Deduction Questionnaire: Tax Year _____ Advisor Tax Services

Name _____ Signature _____ Date _____

Write in amounts for all expenses that you have incurred: (also send or bring proof or receipts to your appointment – call or email if you have questions)

_____ Health/dental/vision insurance premiums

_____ Long term care insurance premiums

_____ Medical expenses (unreimbursed by insurance)

(doctor, hospital, lab, drug, dentist, eye care, medical devices, etc.)

_____ paid medical costs for someone other than self, spouse or children

_____ Nursing home expenses for spouse, dependent, relative

_____ Medical mileage / lodging

_____ State taxes paid (balance due from prior year)

_____ Real estate taxes (primary home)

_____ Real estate taxes (other property)

_____ Real estate taxes (at closing)

_____ Personal property tax (i.e. auto in another state)

_____ Mortgage interest (form 1098)

_____ Home equity loan interest (form 1098)

_____ Seller financed mortgage interest that you paid (provide amortization schedule)

To: _____ Address: _____ SS#: _____

_____ Points Purchase or refinance? P____ R____

_____ Investment/margin interest (form 1099 from broker)

_____ Cash contributions (not political) (requires copy of check, bank statement or receipt)

_____ Property contributions (clothes, furniture, etc. - provide donee name, address, receipt)

_____ Volunteer expenses

_____ Volunteer mileage

_____ Foster care expenses (un-reimbursed)

_____ Casualty or theft losses (not paid for by insurance)

_____ Tax preparation/advice

_____ Financial planning fees

_____ Legal fees related to taxes/investments

_____ Investment expenses

_____ Safe deposit box

_____ Repaid unemployment

_____ Gambling losses

Expenses you incurred as an employee:

_____ Professional and union dues _____ Job-hunting expenses (same field)

_____ Professional licenses and fees _____ Job related education expenses

_____ Professional subscriptions and pubs

_____ Meals and lodging while away from home overnight (for temp. jobs less than 1 year)

_____ Other un-reimbursed employee expenses

(uniforms, laundry, small tools, safety gear, supplies, liability insurance, telephone, convention expenses incl. travel, personal vehicle mileage)