



Personal Non-Business Deduction Form

Tax Year _____
Full Name (s) _____
Phone Number (s) _____
Email (s) _____

Dependents

If we prepared your taxes last year and the SS# and DOB are on last year's return, you do not have to put it on this form. You do need to put down the names of anyone you plan on deducting, even if we have their name on last year's return.

	Name	DOB	SSN	Relation	Daycare Expense	Name of Provider
1				Please Choose		
2				Please Choose		
3				Please Choose		
4				Please Choose		
5				Please Choose		

Did you have daycare expenses taken out of your paycheck?

Yes

No

Daycare Provider Information

Name	SSN	Address	City	State	Zip	Phone

Schedule A - Deductions

Medical Expenses *Remember there is a 10% min. before allowed

Dr. and Dentist Exps _____
Medical Insurance _____
Other Medical Expenses _____
Mileage _____

Sales Taxes on Major Purchases

Item	Date	Tax Paid

Alimony

Name	SSN	Amount Paid

Mortgage Interest, Property Taxes and Fees

	Interest Paid	Property Taxes
1st Mortgage		
2nd Mortgage		
2nd Home or RV		
DMV Fees		
Boat / Trailer Fees		

Charitable Donations (Cash)

Paid Out of Pocket _____
Volunteer Out of Pocket Expenses _____
Charity Mileage Driven _____

Charity Donations of Property (Non-Cash)

Date Donated	Name of Charity
Value when Acquired	Description of Donated Items
Value when Donated	
EIN of Organization	
	Address of Charity

Gambling Losses _____

*Can only claim up to the amount of winnings for the year

Investment Fees _____
