

Itemized: A1

Medical and Dental Expenses

Amount

Medical and dental expenses	_____
Medical insurance premiums you paid	_____
Long-term care insurance premiums paid by this activity	_____
Prescription medicines and drugs	_____
Miles driven for medical items	_____

Itemized: A1

Tax Expenses

Amount

State/local income taxes paid	_____
State and local income taxes paid in following year.	_____
Real estate taxes paid	_____
Personal property taxes	_____
Other taxes	_____

Itemized: A2

Interest Expenses

Amount

Home mortgage interest: From Form 1098	_____
Home mortgage interest paid to individuals	_____
Investment interest expenses (other than on K-1s)	_____

Itemized: A3

Charitable Contributions

Amount

Contributions made by cash or check	_____
Volunteer miles driven	_____
Noncash items, such as: Goodwill, Salvation Army	_____

Itemized: A3

Miscellaneous Deductions

Amount

Unreimbursed expenses	_____
Union Dues	_____
Tax preparation fees	_____
Safe deposit box rental	_____
Investment expenses (other than on K-1s)	_____
Gambling losses (Enter only if you have gambling income)	_____

Federal & State Estimated Tax Payments

	Due Date	Date Paid	Amount
Overpayment applied to current year estimates		_____	_____
1st quarter payment	4/15/20XX	_____	_____
2nd quarter payment	6/15/20XX	_____	_____
3rd quarter payment	9/15/20XX	_____	_____
4th quarter payment	1/15/20XX	_____	_____