

Name: _____

Tax Year _____

Schedule A Expenses

Medical Expenses

Insurance Premium _____

Co-Payments _____

Eye Glasses _____

Dental Expenses _____

Prescriptions _____

Transportation _____

Total Medical _____

Charitable Contributions

Offering/Tithes/Donations _____

Clothing/Household Items/Vehicle donated to Charitable Organizations-eg Salvation Army, VA VETS etc)

Organization	Description	Value
_____	_____	_____
_____	_____	_____

Church & other Charitable Mileage (No. of Miles) _____

Miscellaneous Exp

Safety Deposit Box fees _____

Investment Fees & Expense _____

Employment Related Expenses

Tax Preparation fees for prior Year _____

Union Dues _____

Professional Subscriptions _____

Uniforms _____

Cleaning of Uniforms _____

Job Search _____

Travel between Jobs _____

Educational Exp (Tuition, Books etc) _____

On/off Job Training Cost (fees, travel) _____

Educational Travel _____

Small tools _____

Telephone Expense _____

Internet Expense _____

Parking & Tolls _____

Business Travel

If you were not reimbursed, list your expenses

Airfare, Train, Car Rental _____

Taxi, Car Rental _____

Meals/Entertainment _____

Other Business Expenses (List) _____

Employee Mileage

Vehicle Year /Make /Model _____

Date Purchased or Leased _____

Odometer Miles (At End of Year) _____

Business Miles (This Tax Year) _____

Personal Miles (This Tax Year) _____

Commuting Miles (To & From Work) _____

Total Miles (This Tax Year) _____

Other Deductions

IRA Contributions _____

Student Loan Interest _____

Moving Expenses _____

Alimony Paid (X Spouse SS #) _____

Other Expenses

Child Care _____

Rent Paid _____

Car Registration Cost _____

Other Expenses (List) _____

Taxpayer's certification

I hereby declare that I have examined this worksheet, and to the best of my knowledge and belief it is true, correct and complete.

Signature

Date