



JP TAX PROS

HOMework SHEET

MEDICAL & DENTAL CARE INSURANCE PREMIUMS: _____

DOCTOR, DENTIST & HOSPITAL FEES: _____

PRESCRIPTION MEDICINES & DRUGS: _____

MEDICAL AIDS SUCH AS EYEGLASSES, CONTACT LENSES & HEARING AID: _____

PARKING FEES & TOLLS: _____

ACTUAL OUT-OF-POCKET VEHICLE EXPENSE: _____

NUMBER OF MEDICAL MILES DRIVEN: _____

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REAL ESTATE TAXES PAID: _____

PERSONAL PROPERTY TAXES: _____

OTHER TAXES PAID: _____

*MAKE SURE TO PROVIDE 1098 MORTGAGE INTEREST FORM

QUALIFIED MORTGAGE INSURANCE PREMIUMS: _____

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NUMBER OF CHARITABLE MILES

OTHER MEDICAL TRANSPORTATION EXPENSES: _____

CONTRIBUTIONS OF CASH OR CHECK: _____

NONCASH CONTRIBUTIONS OF \$500 OR LESS: _____

NONCASH CONTRIBUTIONS OVER \$500: _____

*MUST PROVIDE DOCUMENTATION FROM DONATION CENTER

*

CHILD CARE CREDIT

*MUST BRING ALL DAYCARE OR PERSON INFORMATION & AMOUNTS IN ORDER TO CLAIM CREDIT

*

RESIDENTIAL ENERGY CREDIT

DESCRIPTION: _____ AMOUNT: _____

DESCRIPTION: _____ AMOUNT: _____

DESCRIPTION: _____ AMOUNT: _____

DESCRIPTION: _____ AMOUNT: _____

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MOVING EXPENSE

AUTO EXPENSES: _____

PARKING FEES & TOLLS: _____

LODGING DURING THE MOVE: _____

COST TO MOVE HOUSEHOLD GOODS & PERSONAL ITEMS: _____

IN-TRANSIT & FOREIGN-MOVE STORAGE EXPENSE: _____

ONE TRIP PER PERSON OF YOUR HOUSEHOLD: _____

LODGING EN ROUTE INCLUDING ONE DAY AT THE OLD LOCATION & ONE DAY AT THE NEW LOCATION:

*

GAMBLING EXPENSE

DATE & TYPE OF EACH WAGER OR WAGER ACTIVITY: _____

NAME & LOCATION OF GAMBLING ESTABLISHMENT: _____

NAME OF ANY OTHER PERSON ACCOMPANYING YOU AT THE ESTABLISHMENT:

1. _____

2. _____

3. _____

4. _____

THE AMOUNT WON OR LOST: _____

*PROVIDE FORM W-2G IF APPLICABLE

I ACKNOWLEDGE THAT THE AMOUNTS GIVEN HAVE THE INVOICES TO SUPPORT AN IRS AUDIT IF NEEDED.

SIGNATURE OF TAXPAYER

DATE