

IMPORTANT: You may qualify to itemize deductions on your state tax return, even though you do not itemize on the federal. Please fill out all information requested below.

*** ITEMIZED DEDUCTIONS INFORMATION ***

MEDICAL EXPENSE:

PRESCRIPTION MEDICINES/DRUGS \$ _____
MEDICAL & DENTAL INSURANCE
Blue Cross-Blue Shield \$ _____
[Medicare Insurance is on Form 1099/SSA]
Other Medical/Dental/Vision
Insurance (list company name)
_____ \$ _____
_____ \$ _____
LONG TERM CARE INS.-Husband \$ _____
 Wife \$ _____

MEDICAL EXPENSES: (doctor, dentist, hospital, ambulance, dentures, glasses, hearing aid, hearing aid supplies, etc.)
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

MEDICAL INS. REIMBURSEMENT (\$ _____)
MEDICAL TRANSPORTATION _____ miles
MEDICAL LODGING \$ _____

TAXES:
Real Estate (Residence) \$ _____
Car License-No. of Vehicles _____ \$ _____
Other taxes _____ \$ _____
_____ \$ _____
Sales Tax on Large Items
(motor vehicle or boat) **MAY BE**
DEDUCTIBLE \$ _____

DEPENDENTS' Tuition/Books (Iowa only):
Tuition/Books/Activity Fees K-12 (only)
(List amount by child)
\$ _____ \$ _____ \$ _____ \$ _____

INTEREST:

(No consumer interest may be deducted.)
Home Mortgage paid to
financial institutions \$ _____
Points paid on new mortgage \$ _____
Points paid on refinancing \$ _____
Home Mortgage paid to
individual (show that
person's name and address)
_____ \$ _____
Margin/Investment Interest
(special rules)
_____ \$ _____

CONTRIBUTIONS: **NOTE:** Deductions for contributions of \$250 or more no longer allowed without written receipt from donee organization. (List below charitable contributions made by checks or cash)
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Charitable Mileage _____ miles
(List below the contributions of items other than by cash or check. If over \$500 we need name and address of donee, description of property, date of contribution, date you acquired it, your original cost, and fair market value.)
_____ \$ _____
_____ \$ _____

MISCELLANEOUS DEDUCTIONS:
Union or Professional dues \$ _____
Tax preparation \$ _____
Safe Deposit Box \$ _____
Uniforms required by employer\$ _____
Tools and supplies necessary
for work \$ _____
Unreimbursed employee expense\$ _____
Bus/Professional publications\$ _____
Investment expenses \$ _____
K-12 Teachers: School Supplies \$ _____

*** CAPITAL GAIN INFORMATION ***

If you had capital gain income other than livestock, such as sale of a residence, farm, equipment, stock, etc., please complete the following: (For livestock you will use farm worksheet.) **Bring Forms 1099-B to the office.** **Some forms 1099-B will include cost basis.**

CAPITAL GAINS:

Describe Property Sold	Date Acquired	Date Sold	Original Cost	Cost of Imprvmnts	Sale Price	Expense of Sale

*** ADJUSTMENTS TO INCOME ***

1. Did you have any employee business expenses which were reimbursed by your employer? Were they included as income on your W-2? Yes ☐ No ☐ (Provide a list of expenses.)
2. Did you make payments to an IRA retirement plan? Yes ☐ No ☐ [Were you or your spouse covered by an employer's retirement plan? Yes ☐ No. ☐] \$ _____
3. Did you make payments to a Keough retirement plan? Yes ☐ No ☐ \$ _____
4. Did you have an interest penalty due to early withdrawal of savings? \$ _____
5. Did you make alimony (not child support) payments during the year?
Name: _____ and Soc. Sec. No. _____ of recipient. \$ _____

*** ESTIMATED TAXES PAID ***

	<u>Federal Estimates</u>		<u>State Estimates</u>	
	<u>Date Paid</u>	<u>Amount</u>	<u>Date Paid</u>	<u>Amount</u>
2011 4th Quarter (Pd Jan 12)	_____	\$ _____	_____	\$ _____
2012 1st Quarter (Apr 12)	_____	\$ _____	_____	\$ _____
2012 2nd Quarter (Jun 12)	_____	\$ _____	_____	\$ _____
2012 3rd Quarter (Sep 12)	_____	\$ _____	_____	\$ _____
2012 4th Quarter (Dec 12) OR	_____	\$ _____	_____	\$ _____
2012 4th Quarter (Jan 13)	_____	\$ _____	_____	\$ _____