

Schedule A Declaration

Medical, Vision, and Dental Expenses

Mileage traveled for medical purposes during tax year: Miles: _____ Amount: \$ _____
Out-of-Pocket Expenses You Paid \$ _____ Health Insurance \$ _____
Prescriptions \$ _____ Long-Term Care Insurance (Taxpayer) \$ _____
Doctor Visits \$ _____ Long-Term Care Insurance (Spouse) \$ _____
Medical Supplies \$ _____ Cost of Care for Elderly/Disabled \$ _____
Hospital/Lab/Xrays \$ _____ Dental Insurance \$ _____
Ambulance \$ _____ Dental-Related Charges \$ _____
Parking and Tolls \$ _____ Eye Surgery to correct Vision \$ _____
Lodging More Info \$ _____ Eye Glasses/Contacts \$ _____
Other Medical Out-Of-Pocket Expenses: _____

Taxes You Paid

State and Local Taxes: Income taxes (do not list W-2 amounts): \$ _____ General Sales Tax: \$ _____
Real Estate Taxes: \$ _____ Personal Property Taxes: \$ _____
Other Taxes: _____

Interest You Paid

Home mortgage interest and points reported on Form 1098: \$ _____
Home mortgage interest not reported on Form 1098: Circle Yes or No (Info input in tax return)
Deductible points not reported on Form 1098: \$ _____
Qualified mortgage insurance premiums (PMI): \$ _____
Investment interest expense:
Investment interest expense paid or accrued. \$ _____ Disallowed interest expense from 2014: \$ _____

Gifts to Charity

Enter your donations of cash or check: \$ _____
Miles while performing contributions: _____ Amount: _____
Contributions Other Than Cash or Check: \$ _____
Charitable Contribution Carryover from Prior Year: \$ _____

Casualty Losses, Job Expenses, and Other Deductions

Unreimbursed Employee Expenses: \$ _____
Tax Preparation Fees: \$ _____ Investment Expenses (safe deposit box, legal help, etc.): \$ _____
Gambling Losses: \$ _____
Other Miscellaneous Expenses: _____

I declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief. I understand that it is my responsibility to provide proof to the IRS or any other governmental agency in the event of an audit.

Tax Payer: _____ Date: _____
Signature: