# TAX SERVICE

### TAX CENTICE

# **Medical Expenses** Prescriptions **Doctors and Dentists Bills** Hospital & Nursing Home Insurance Premiums Medical Travel Costs Medical Miles Driven Other Medical Costs **Charitable Contributions** Cash Donations Non-Cash Contributions (Goodwill, Salvation Army, ect...) **Volunteer Expenses Home Owner Deductions Property Tax** Mortgage Insurance Premiums (Post 12/31/2006 Loans) Mortgage Interest **Personal Property** Tax/License Fee (Not Valid In Ohio) **Miscellaneous Deductions Investment Expense** Investment Interest Paid **Gambling Losses Taxes Paid** Sales Taxes Paid

## **DEDUCTION LIST**

#### BASIC ITEMIZED/CREDIT LIST

Adjustments
Educator Expenses  Traditional IRA Contributions
Roth IRA Contributions
Alimony Paid (Settled on/before 12/31/2018)  Alimony Recipient's  Full Name:
Social Security#:
Student Loan Interest Paid
Dependent Care Credit
Name of Childcare Provider
Childcare provider Address
Childcare EIN#/SSN#  Childcare Phone#  Amount Paid  If more than one provider or dependent be sure to provide the additional information on a separate page.
Higher Education Credit
Tuition and Fees  Book/ Supplies Purchased  Number of College Years  Attended  Provide a copy of 1098-T Form from college.