

MISC. INCOME AND ITEMIZED DEDUCTIONS

	INCOME		
	NAME OF PAYER:	AMOUNT	1099 FORM PROVIDED?
INTEREST INCOME:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
DIVIDENDS:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
MISCELLANEOUS:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	AMOUNT
EXPENSES	_____
MEDICAL EXPENSES	_____
PERSCRIPTIONS	_____
DOCTORS/DENTAL	_____
MEDICAL INSURANCE	_____
LONG-TERM CARE INSURANCE	_____
MEDICAL MILES DRIVE	_____ miles
PROPERTY TAXES PAID	_____
VEHICLE REGISTRATION	_____
MORTGAGE INTEREST PAID	_____

CASH DONATIONS	_____
NON-CASH DONATIONS	_____

RETIREMENT PLAN CONTRIBUTIONS MADE	_____
*Other than through an employer/w-2 job	_____
Traditional IRA	_____
Roth IRA	_____
Keogh	_____
SEP	_____