

Itemized Deductions: Schedule A

Health Care Expenses

Amount Paid

Prescriptions _____
Insurance Premiums: medical/dental/eyes _____
Long-term care insurance _____
Doctors/Dentists/Chiropractors/Counseling etc _____
Hospitals and Labs _____
Glasses and Contacts _____
Medical Equipment _____
Miles driven _____
Counseling _____
Overnight Travel expense medical related _____
Other: _____

Taxes Paid:

Sales Tax Paid on Major Purchases _____
Vehicle License Taxes _____
Property Taxes _____

Mortgage Interest:

Please provide a 1098-Mortgage Interest Statement from your bank/s
Is the principal for any home loan over \$750K? YES / NO

Money given to Non-Profit Organizations: (receipts required for your record)

<u>Organization Name</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Items Donated to Non-Profit Organizations: (pictures recommended for your records)

<u>Organization Name</u>	<u>Item Value to Organization</u>
_____	_____
_____	_____
_____	_____

Miscellaneous: (Form W2-G)

Gambling Loss (up to amount of winnings):

CRESSEY RICE TAX SERVICE LLC

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