

Itemized Deductions, Estimated Taxes Paid, Other Income, Tuition & Daycare

INTEREST	
Mortgage - 1st Home	
Mortgage - 2nd Home	
Home Equity	
Refinance Points (date _____)	
Margin Interest	

TAXES	
1st Home	
2nd Home	
Prior Year State/Local tax due	

MEDICAL EXPENSES	
Doctors, Dentist, Insur, etc.	
Prescriptions	
Long Term Insurance Prem.	
Medical travel (in miles)	miles

CASH CONTRIBUTIONS (receipts required)	
Church	
Other	
Travel for charity (in miles)	miles

OTHER INCOME	
State Tax Refund	
Alimony Received	
Unemployment Comp.	
Soc. Security (Box 5)	
Medicare Premium W/H	
Fed W/H	

ESTIMATED TAX PAYMENTS		
Q	Federal Date & Amount	State Date & Amount
1		
2		
3		
4		
T	\$	\$

NON-CASH CONTRIBUTIONS (receipts required)	
Given to:	
Address:	
City/State/Zip	
Value of Goods	\$
(attach list if more than one)	

MISCELLANEOUS	
Union Dues	
Tax Preparation Fee	
Safe Deposit Box	
IRA Custodial Fees	
Investment Periodicals	
Job Search Expense	
Inv Advisory Fees	

UNREIMBURSED BUSINESS EXPENSES	
Meals	
Travel/Hotels	
Supplies	
Business Miles	miles
Telephone/Internet	

COLLEGE ILLINOIS/BRIGHT START 529 PLAN	

DAY CARE EXPENSE (FORM 2441)	
PROVIDER 1:	
ADDRESS:	
AMT PD:	EIN/SS#:
CHILDREN CARED FOR:	
PROVIDER 2:	
ADDRESS:	
AMT PD:	EIN/SS#:
CHILDREN CARED FOR:	

EDUCATIONAL EXPENSE INFORMATION: (includes private school K-12)				
SCHOOL NAME / CITY	STUDENT NAME	GRADE	TUITION & FEES	BOOKS/SUPPLIES REQUIRED