

*** PLEASE CHECK OFF AND BRING IN SOURCE DOCUMENTS FOR LISTED ITEMS BELOW ***

MEDICAL EXPENSES

OREGON HAS A MEDICAL SUBTRACTION FOR AGE 64 OR OLDER ONLY. PLEASE SEPARATE THESE EXPENSES! INCLUDE ANY 1095'S RECEIVED FOR HEALTH INSURANCE PREMIUMS PAID.

FILL IN AMOUNTS:	<u>TAXPAYER</u>	<u>SPOUSE</u>
PRESCRIPTIONS:	_____	_____
DOCTORS/DENTIST:	_____	_____
VISION/GLASSES:	_____	_____
NURSING HOMES:	_____	_____
MEDICAL PREMIUMS:	_____	_____
LONG-TERM INSURANCE:	_____	_____
MEDICAL MILEAGE:	_____	_____
MED INS REIMBURSED:	_____	_____

TAXES PAID

FILL IN AMOUNTS & BRING IN SOURCE DOCUMENTS

PROPERTY TAXES: _____
PERSONAL PROPERTY TAXES: _____
OTHER TAXES: _____

MORTGAGE INTEREST PAID

HOME MORTGAGE PD TO FINANCIAL INSTITUTION:

POINTS PAID: _____
HOME MORTGAGE PD TO INDIVIDUAL PARTY:
NAME: _____
ADDRESS: _____
S/S #: _____
REFINANCE OF HOME: _____
INVESTMENT INTEREST: _____
MORTGAGE INSURANCE: _____

BUSINESS MILEAGE

_____ @.54 PER MILE

CHILD AND DEPENDENT CARE

_____ NO. OF QUALIFYING DEPENDENTS
_____ EXPENSE AMOUNT EACH
_____ WAS SERV PERFORMED IN YOUR HOME?
_____ DID EMPLOYER REIMBURSE?
_____ IF YES, AMOUNT EMPLOYER PAID

PROVIDER:

NAME: _____
ADDRESS: _____
SS# OR EMPLR ID# _____

EMPLOYER BENEFIT PLAN

_____ DO YOU HAVE AN EMPLOYER BENEFIT PLAN

ALIMONY PAID

_____ SS# _____
LAST NAME: _____

CASH OR CHECK CONTRIBUTIONS

FILL IN AMOUNTS: PLEASE BRING IN RECEIPTS.

CHURCH: _____
OTHER: _____
MILEAGE: _____

CONTRIBUTIONS OTHER THAN CASH

(CLOTHES, ETC) PLEASE BRING IN RECEIPTS.

MISCELLANEOUS DEDUCTIONS

CASUALTY OR THEFT LOSS: _____
MOVING EXPENSES: _____
UN-REIMBURSED EMPLOYEE BUSINESS EXPENSE:
PROFESSIONAL DUES: _____
UNIFORMS: _____
SAFETY EQUIP: _____
SAFETY CLOTHING: _____
SAFETY BOOTS/SHOES: _____
SPECIAL WORK TOOLS: _____
SAFETY DEPOSIT BOX: _____
UNION DUES: _____
TAX PREP FEE: _____
OTHER: _____
GAMBLING LOSSES: _____ STATE: _____

REIMBURSED EMPLOYEE BUSINESS EXPENSE

_____ REIMBURSED EMPL BUSINESS EXP

CONTRIBUTION TO KEOGH/SEP/IRA/529 PLAN

_____ CONTRIBUTION TO KEOGH/SEP/ROTH
_____ TAXPAYER IRA CONTRIBUTION
_____ SPOUSE IRA CONTRIBUTION
_____ 529 TUITION CONTRIBUTION

DID YOU ROLL YOUR IRA INTO A ROTH IRA?

POLITICAL CONTRIBUTION-MUST BRING IN RECEIPT

_____ POLITICAL CONTRIBUTION

OREGON ENERGY CREDIT-MUST BRING IN RECEIPT

_____ ENERGY CREDIT

DID YOU PAY FOR ANY EDUCATION? _____

DID YOU ADOPT A CHILD? _____

HSA CONTRIBUTION? (FORM 5498-SA) _____