



4230 LBJ Freeway Suite #101
Dallas, TX 75244

SCHEDULE A TAX DEDUCTION
WORKSHEET

MEDICAL EXPERIENCE

Insurance Premiums \$
Medicare Premiums (withheld from soc. security) \$
Prescriptions \$
Long Term Care Insurance Premiums \$
Doctor (Name:) \$
Doctor (Name:) \$
Doctor (Name:) \$
Doctor (Name:) \$
Doctor (Name:) \$
Dentist (Name:) \$
Dentist (Name:) \$
Hospital Care \$
Laboratory & X-Ray Costs \$
Miles Driven for Medical Care \$
Medical Travel (parking, taxis, airfare, etc.) \$
Medical Travel (lodging) \$
Ambulance Costs \$
Glasses, Contacts & Eye Exams \$
Hearing Aids & Batteries \$
Prosthetic Appliances \$
Sick Room Supplies & Appliances \$
In Home Attendant or Nursing Service \$
Insurance Reimbursements (for amounts listed above) \$

CASH CONTRIBUTIONS:

Church (Name:) \$
Church (Name:) \$
Church (Name:) \$
Church (Name:) \$
Church (Name:) \$
Church (Name:) \$
Church (Name:) \$

NON-CASH CONTRIBUTIONS:

Church (Name:) \$
Desc:) \$
Other (Name:) \$
Desc:) \$
Miles Driven for Charity

Please attach any and all receipts

INTEREST PAID

Home Mortgage Interest (attach form 1098) \$
Home Mortgage Interest (attach form 1098) \$
Home Mortgage Interest (attach form 1098) \$
Home Mortgage Interest (attach form 1098) \$
Home Mortgage Interest (other) \$
Home Mortgage Interest (other) \$

Mortgage Interest Paid to an Individual \$

Name:

Address:

City, State, ZIP:

Points Paid on Mortgage Loan \$

Points Paid on Mortgage Loan \$

If you refinanced your primary or secondary residence
or sold your home, please bring the settlement sheet

MISCELLANEOUS

UN-REIMBURSED BUSINESS EXPENSES:

Auto Expense (gas, repairs, etc.) \$
Business Miles \$
Business Phones \$
Business Travel \$
Commuting Miles \$
Other Miles \$
Safety Equipment \$
Small Tools \$
Teaching Expenses \$
Uniform & Cleaning Fees \$

MISCELLANEOUS EXPENSE

Education Fees \$
Investment Expense \$
Job Search Fees \$
Legal Fees \$
Safe Deposit Box \$
Subscriptions (trade journals) \$
Tax Preparation Fee \$

CASUALTY

Total Casualty Loss (attach documentation) \$
Examples: Theft, Earthquake, Fire, Flood

ADJUSTMENTS TO INCOME

Archer MSA Deduction \$
Business Expenses (reservists, artists, &
fee-based officials) \$
Moving Expenses (work related) \$
SEP, SIMPLE & Qualified Plan Contributions \$
Alimony Paid (Name & SSN:) \$
IRA Deductions \$
Student Loan Interest Paid \$
Jury Duty Pay (Given to Your Employer) \$

TAXES PAID

Insurance Premiums \$
Medicare Premiums (withheld from soc. security) \$
Prescriptions \$
Long Term Care Insurance Premiums \$
Hospital Care \$
Laboratory & X-Ray Costs \$
Miles Driven for Medical Care \$
Doctor (Name:) \$
Doctor (Name:) \$
Doctor (Name:) \$
Doctor (Name:) \$

PLEASE SIGN BELOW

Please print your name:

Please sign your name: Date: