

PERSONAL INCOME TAX ORGANIZER

ITEMIZED DEDUCTIONS

T/S	MEDICAL & DENTAL EXPENSES	
	Insurance	Amount
	Health Insurance	
	Dental Insurance	
	Group Health	
	Medicare Premiums	
	Long-term Health Care	
	Other	
	Doctors, Dentists, Etc.	Amount
	Prescriptions	Amount
	Other	Amount
	Glasses	
	Hearing aid	
	In-home nursing	
	Lodging	
	Mileage (# of miles)	
	Insurance Reimbursements	

JOB EXPENSES & MISCELLANEOUS		
	Unreimb. Employee Exp	Amount
	Union dues	
	Safety shoes	
	Small tools	
	Uniforms	
	Cleaning uniforms	
	Continuing education	
	Other	Amount
	Tax Preparation Fee	
	Investment advisor fees	

T/S	TAXES		
	Description	State	Amount
	Residence RE tax		
	Other RE Tax		
	Personal Property		
	State/Local Income Tax		
	Other		
	DMV: Vehicles		

INTEREST		
	Home Mortgage (Form 1098)	Amount
	Points not included above	
	Investment interest	
	Other	

GIFTS TO CHARITY		
	Cash or check	Amount
	Noncash-Explain if \$250 or more	Amount
	Mileage-personal vehicle	

CASUALTY & THEFT LOSSES		
	Description	
	Date Acquired	
	Cost Basis	
	Insurance Paid	
	What happened	
	Date of Loss	
	FMV-Before	
	FMV-After	

T=Taxpayer S=Spouse