

IMPORTANT: You may qualify to itemize deductions on your state tax return, even though you do not itemize on the federal. Please fill out all information requested below.

***** ITEMIZED DEDUCTIONS INFORMATION *****

MEDICAL EXPENSE:

PRESCRIPTION MEDICINES/DRUGS \$ _____

MEDICAL & DENTAL INSURANCE

Blue Cross-Blue Shield \$ _____

[Medicare Insurance is on Form 1099/SSA]

Other Medical/Dental/Vision Insurance (list company name) _____

_____ \$ _____

_____ \$ _____

LONG TERM CARE INS.-Husband \$ _____

Wife \$ _____

MEDICAL EXPENSES: (doctor, dentist, hospital, ambulance, dentures, glasses, hearing aid, hearing aid supplies, etc.)

_____ \$ _____

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MEDICAL INS. REIMBURSEMENT (\$ _____)

MEDICAL TRANSPORTATION _____ miles

MEDICAL LODGING \$ _____

TAXES:

Real Estate (Residence) \$ _____

Car License-No. of Vehicles _____ \$ _____

Other taxes _____ \$ _____

_____ \$ _____

Sales Tax on Large Items (motor vehicle or boat) **MAY BE**

DEDUCTIBLE \$ _____

DEPENDENTS' Tuition/Books (Iowa only):

Tuition/Books/Activity Fees K-12 (only)

(List amount by child)

\$ _____ \$ _____ \$ _____ \$ _____

INTEREST:

(No consumer interest may be deducted.)

Home Mortgage paid to financial institutions \$ _____

Points paid on new mortgage \$ _____

Points paid on refinancing \$ _____

Home Mortgage paid to individual (show that person's name and address)

_____ \$ _____

_____ \$ _____

Margin/Investment Interest (special rules)

_____ \$ _____

_____ \$ _____

CONTRIBUTIONS: **NOTE:** Deductions for contributions of \$250 or more no longer allowed without written receipt from donee organization. (List below charitable contributions made by checks or cash)

_____ \$ _____

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***** CAPITAL GAIN INFORMATION *****

If you had capital gain income other than livestock, such as sale of a residence, farm, equipment, stock, etc., please complete the following: (For livestock you will use farm worksheet.) **Bring Forms 1099-B to the office. Some forms 1099-B will include cost basis.**

CAPITAL GAINS:

Describe Property Sold	Date Acquired	Date Sold	Original Cost	Cost of Imprvmnts	Sale Price	Expense of Sale

***** ADJUSTMENTS TO INCOME *****

- Did you have any employee business expenses which were reimbursed by your employer? Were they included as income on your W-2? Yes No (Provide a list of expenses.)
- Did you make payments to an IRA retirement plan? Yes No [Were you or your spouse covered by an employer's retirement plan? Yes No] \$ _____
- Did you make payments to a Keough retirement plan? Yes No \$ _____
- Did you have an interest penalty due to early withdrawal of savings? \$ _____
- Did you make alimony (not child support) payments during the year? Name: _____ and Soc. Sec. No. _____ of recipient. \$ _____

***** ESTIMATED TAXES PAID *****

	Federal Estimates		State Estimates	
	Date Paid	Amount	Date Paid	Amount
2010 4th Quarter (Pd Jan 11)	_____	\$ _____	_____	\$ _____
2011 1st Quarter (Apr 11)	_____	\$ _____	_____	\$ _____
2011 2nd Quarter (Jun 11)	_____	\$ _____	_____	\$ _____
2011 3rd Quarter (Sep 11)	_____	\$ _____	_____	\$ _____
2011 4th Quarter (Dec 11) OR	_____	\$ _____	_____	\$ _____
2011 4th Quarter (Jan 12)	_____	\$ _____	_____	\$ _____