

Possible Tax Deductions – (Provide Expenses List to Buddha Tax and Accounting)

(List amounts for items based on actual receipts and payments. Please keep receipts on file for all deductions)

1.Charitable Contributions (keep receipts):

Church/Temple/Masjid : \$ _____
Charity _____
Other _____

Value of Goods Donated—i.e. furniture or Clothing

Donated to: _____ Amount \$ _____

Volunteer Work expenses:

Provided to Church, Scouts, School, etc

Name: _____ Amount: \$ _____

Auto Miles Driven _____ \$ _____

2.Medical & Dental Expenses:

_____ \$ _____
_____ \$ _____

Prescription Drugs _____ \$ _____

Medical/Dental Insurance _____ \$ _____

Long-term Care Insurance _____ \$ _____

Lab & X-Ray _____ \$ _____

Dentures & Braces _____ \$ _____

Glasses & Contact Lenses _____ \$ _____

Medical Supplies _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

On Doctor's Advice [large equipment or other capital items]

Other _____ \$ _____

Other _____ \$ _____

Medical Miles Driven _____ \$ _____

Other Medical Transportation _____ \$ _____

3.Taxes Paid:

Real Estate Tax _____ \$ _____

Personal Property Tax _____ \$ _____

State Income Tax _____ \$ _____

4.Interest Paid:

Home Mortgage Interest _____ \$ _____

2nd Mortgage/Home Equity _____ \$ _____

Home Mortgage to Individual _____ \$ _____

Name _____

Address _____

Points Paid at Closing _____ \$ _____

Investment Interest _____ \$ _____

5.Casualty Losses:

Accident, Fire, Theft and Natural Disasters:

_____ \$ _____

_____ \$ _____

6.Miscellaneous and Employee Business Expenses:

Uniform Cost _____ \$ _____

Uniform Cleaning _____ \$ _____

Work Tools _____ \$ _____

Safety Shoes and Gloves _____ \$ _____

Union Dues _____ \$ _____

Tax Return Preparation _____ \$ _____

Safe Deposit Box _____ \$ _____

Investment Expenses _____ \$ _____

Job Educational Expenses _____ \$ _____

Job seeking fees _____ \$ _____

Meals/Entertainment _____ \$ _____

Office-in-Home Expense _____ \$ _____

Business Travel _____ \$ _____

Out of Town/Temporary _____ \$ _____

Other Items _____ \$ _____

Other Items _____ \$ _____

Other Items _____ \$ _____

Other Items _____ \$ _____

Other Items _____ \$ _____

Other Items _____ \$ _____

Other Items _____ \$ _____

Other Items _____ \$ _____

7.Business Use Car/Truck Expense: (need info below) \$ _____

Type of Vehicle: _____ Purchase Date: _____

Total Mileage Driven in Tax Year: _____

Commuting Miles: _____

Personal Use Miles: _____

Business/work Miles: _____

Miles Driven to 2nd Job _____

Charitable Miles: _____

Other Miles: _____

8.Educational Expenses [Degree/Certification course]: 1098-T

Student loan Interest _____ \$ _____

[1] Tuition & Fees: \$ _____

Educational Supplies: _____ \$ _____

[] Undergraduate; [] Master's Level; [] Job related training

Provider's Name: _____ SSN/EIN _____

Address: _____

[2] Tuition & Fees: \$ _____

Educational Supplies: _____ \$ _____

[] Undergraduate; [] Master's Level; [] Job related training

Provider's Name: _____ SSN/EIN _____

Address: _____

9.Child/Dependent Care Expenses:

Provider's Name: _____ SSN/EIN _____

Provider Address: _____

Child Name: _____

Amount Paid: ___\$ _____

[if you have more expense please list on the back of this page]

Sign Here: _____

Full Name: _____

Date: _____