

**Please: CHECK BOX THAT YOU HAVE NO FOREIGN BANK OR INVESTMENT ACCOUNTS FOR ENTIRE YEAR**

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**MEDICAL EXPENSES**

PRESCRIPTIONS DRUGS

HEALTH INSURANCE PREMIUMS Supplemental

DOCTORS, DENTISTS & OTHER MEDICAL

LONG TERM HEALTH CARE PREMIUMS

TRAVEL EXPENSES

AUTOMOBILE MILEAGE

PARKING & TOLLS


**TAXES**

**Don't Fill Out if Included on 1098 Mortg Form**

REAL ESTATE TAXES	
REAL ESTATE TAXES	
REAL ESTATE TAXES	
PERSONAL PROPERTY TAX	

**MORTGAGES - Not Reported on Form 1098 Mortgage Statements**

**Don't Fill Out if Included on 1098 Mortg Form**

Name of Lender

MORTGAGE		
MORTGAGE		
MORTGAGE		
MORTGAGE		
INVESTMENT LOANS		
LOAN POINTS (Even if paid by seller)		YEARS

DATE OF MORTGAGE REFINANCE AND # OF YEARS \*                      /                      /2020

\* Please copy of two page settlement sheet ONLY

**Don't Fill Out If You Provide IRA Statements Reporting Contributions**

**IRA CONTRIBUTIONS**

**\$6000 Maximum under age 50**

**\$7000 Maximum Age 50+**

TRADITIONAL

ROTH

IRA CONTRIBUTIONS - YOURSELF	FOR 2020		
IRA CONTRIBUTIONS - SPOUSE	FOR 2020		

**CHILD CARE EXPENSES**

**You MUST REPORT SS# of CARE PROVIDER TO CLAIM CREDIT**

PROVIDE NAME

ADDRESS

TAX ID

AMOUNT PAID

SS #

Child's Name
