

SCHEDULE "A" - PERSONAL DEDUCTION

Year: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**MEDICAL EXPENSES to whom paid**

Drugs and medicines.....\$ \_\_\_\_\_

Doctors/Dentist.....\$ \_\_\_\_\_

Hospital.....\$ \_\_\_\_\_

Laboratory.....\$ \_\_\_\_\_

Health, Accident, Insurance Premium...\$ \_\_\_\_\_

Medicare Premium.....\$ \_\_\_\_\_

Travel Necessary To Get Medical Care.\$ \_\_\_\_\_

Ambulance.....\$ \_\_\_\_\_

Glasses.....\$ \_\_\_\_\_

Hearing Aid.....\$ \_\_\_\_\_

Prosthetic Appliance.....\$ \_\_\_\_\_

Sick Room, Supplies & Appliances.....\$ \_\_\_\_\_

Insurance Reimbursements.....\$ \_\_\_\_\_

**TAXES**

State Income Tax Prior Year (refund enter here)

.....\$ \_\_\_\_\_

Real Estate Tax.....\$ \_\_\_\_\_

Personal Property Tax.....\$ \_\_\_\_\_

Auto License (Less Reg. Fee).....\$ \_\_\_\_\_

Tax: New Car.....\$ \_\_\_\_\_

**INTEREST paid: Mortgage**

Mortgage.....\$ \_\_\_\_\_

Mortgage.....\$ \_\_\_\_\_

Mortgage.....\$ \_\_\_\_\_

PPP.....\$ \_\_\_\_\_

Points.....\$ \_\_\_\_\_

**CONTRIBUTIONS to whom paid**

Churches.....\$ \_\_\_\_\_

Community Chess/United Crusade.....\$ \_\_\_\_\_

Salvation Army/Goodwill Industries.....\$ \_\_\_\_\_

Red Cross.....\$ \_\_\_\_\_

Heart Fund/Cancer Fund.....\$ \_\_\_\_\_

Payroll Deductions.....\$ \_\_\_\_\_

Scouts.....\$ \_\_\_\_\_

Contributions, Non-receipted Church...\$ \_\_\_\_\_

Other.....\$ \_\_\_\_\_

**MISCELLANEOUS**

Alimony (Paid to \_\_\_\_\_).....\$ \_\_\_\_\_

Child Care (Explain Below).....\$ \_\_\_\_\_

Education Expenses.....\$ \_\_\_\_\_

Post secondary education-books, materials, tuition, computers, etc. (must provide proof).....\$ \_\_\_\_\_

Other.....\$ \_\_\_\_\_

**EXPLANATIONS:**

Child Care Provider

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

SS# \_\_\_\_\_

Amount Paid for the Year: \$ \_\_\_\_\_