

Medical and Dental - Itemized Deductions

		2016 Amount
A1 Prescription medications	A1	
A2 Fees for doctors, dentists, etc.	A2	
A3 Fees for hospitals, clinics, etc.	A3	
A4 Lab and X-ray fees	A4	
A5 Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.	A5	
A6 Medical equipment and supplies	A6	
A7 Medical mileage (number of miles driven)	A7	
A8 Medical parking, tolls and local transportation	A8	
A9 Lodging for medical purposes (up to \$50 per night per person)	A9	
A10 Health/Dental/Other ins. Premiums (do not include self-employed plans or premiums paid through your employer)	A10	
A11 Long Term Care insurance premiums (taxpayer)	A11	
A12 Long Term Care insurance premiums (spouse)	A12	
A13 _____	A13	
A14 _____	A14	
A15 _____	A15	
A16 _____	A16	
A17 Insurance reimbursement for any medical and dental expense listed above:	A17	

Real Estate and Personal Property Taxes - Itemized Deductions

A18 Real Estate Taxes on Principal Residence	A18	
A19 Other Real Estate Taxes: _____	A19	
A20 Other Real Estate Taxes: _____	A20	
A21 Non-business portion of vehicle personal property taxes	A21	
A22 Other Personal Property Taxes: _____	A22	
A23 Other Personal Property Taxes: _____	A23	

Mortgage Interest and Points - Itemized Deductions

A24 Lender _____	A24	Provide Form 1098
A25 Lender _____	A25	
A26 Lender _____	A26	
A27 Lender _____	A27	
A28 Mortgage insurance premiums paid on acquisition indebtedness for principal residence	A28	
A29 Home mortgage points <u>not reported</u> on Form 1098	A29	

Unreimbursed Employee Expenses - Itemized Deductions

→Reminder, if you are self-employed, use instead the organizer for self-employed income and expenses (available at www.MinistryCPA.com). Thank you!

		2016 Amount			
		Filer	Spouse		
A30	Travel expenses (excluding meals and entertainment)	A30			
A31	Meals and entertainment	A31			
A32	Parking fees and tolls not included in travel expenses	A32			
A33	Telephone used for employer's business (allocate cost)	A33			
A34	Professional organization or union dues	A34			
A35	Educational expenses required to maintain your job	A35			
A36	Tools and equipment	A36			
A37	Uniform and protective clothing	A37			
A38	Professional journals subscriptions	A38			
A39	Job seeking costs	A39			
A40	Business Gifts	A40			
A41	Other: _____	A41			
A42	Other: _____	A42			
A43	Other: _____	A43			
A44	Other: _____	A44			
A45	Other: _____	A45			
A46	Other: _____	A46			
Employer Reimbursements					
A47	Were you reimbursed by your employer for any of the business expenses listed above?	A47	<table border="1"> <tr><td align="center">Y</td><td align="center">N</td></tr> </table>	Y	N
Y	N				
A48	If yes to A47, how much were you reimbursed (if not reported on your W-2)?	A48	<table border="1"> <tr><td></td><td></td></tr> </table>		

Vehicle Information for Unreimbursed Employee Expenses

Check here to confirm you had a mileage log for the tax year.

		Vehicle 1	Vehicle 2	Vehicle 3
A49	Year and Model of Vehicle	A49		
A50	Total Miles driven for the year	A50		
A51	Business miles driven during the year	A51		
A52	Personal miles (including commuting)	A52		
A53	Parking fees and tolls	A53		
A54	Vehicle Interest	A54		
A55	Vehicle Personal Property tax	A55		

Certain Miscellaneous Deductions - Itemized Deductions

		2016 Amount
A56	Tax preparation fees	A56
A57	IRA Custodial fees	A57
A58	Investment counsel and advisory fees	A58
A59	Convenience fees for paying federal taxes with credit or debit card	A59
A60	Investment expenses	A60
A61	Other: _____	A61
A62	Other: _____	A62

Charity - Itemized Deductions

Gifts to Charity by Cash or Check (list name of charity)

Check here to confirm you received a charitable contribution receipt from each charity that you gave \$250 or more during 2016.

	2016 Amount
A63 _____	A63
A64 _____	A64
A65 _____	A65
A66 _____	A66
A67 _____	A67
A68 _____	A68
A69 _____	A69
A70 _____	A70
A71 _____	A71
A72 _____	A72
A73 _____	A73
A74 _____	A74

A75 Total Miles driven for charitable activities A75

A76 Parking fees, tolls and local transportation for charitable activities A76

A77 Noncash Gifts (\$500 or less) to Charity (not by Cash or Check). Provide amount. A77

A78 Noncash Gifts (over \$500) to Charities (not by Cash or Check)
 → If total is over \$500, please provide copies of non-cash giving receipts or provide the following information in the section below:
 (1) Name, address, city, state, and ZIP code of the donee organization
 (2) Description of the donated property
 (3) Fair Market Value of contribution