



"Plan to Reduce your Income Tax"

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Itemized Personal Deductions - Schedule A

(Includes a review for Unreimbursed Employee Expenses - Form 2106)

MEDICAL EXPENSES PAID		
Generally Must Exceed 7.5% of Income		
Hospital, Medical and Dental Insurance	\$	
Name of Insurance Carrier		
Group Health Insurance Deducted From Pay	\$	
Medicare Insurance Premiums	\$	
Prescription Drugs (no "over-the-counter" drugs)	\$	
Doctors	\$	
Dentists	\$	
Psychotherapy, Psychological Counseling	\$	
Hospital	\$	
Nursing Home, Nursing Care	\$	
Glasses, Hearing Aids, Batteries	\$	
Lab & E-Ray	\$	
Medical Equipment & Supplies	\$	
Physical Therapy	\$	
Ambulance	\$	
Other	\$	
Other	\$	

TAXES PAID		
Real Estate: Home	\$	
Other	\$	
Vehicle License Fees:	\$	
Number of Vehicles		
Personal Property Tax (Boat, Plane, Etc.)	\$	
State Income Tax Paid (Provide Canceled Checks):		
Balance Due on Last Year's State Return	\$	
Extension Payment on Last Year's State Return	\$	
Payment on a Prior Year's State Return	\$	
Last Year's 4th Quarter. Estimate Paid to State January of this year.	\$	
Other	\$	
Other	\$	
Other	\$	

HOME MORTGAGE INTEREST PAID		
Not for rental property	Primary Residence	Second Home
First Loan:		
Paid to a Bank, S&L, Etc.	\$	\$
Paid to an Individual (Must List Below)	\$	\$
Name:	Address:	
SS#	Address Line 2:	
Second Loan:		
Paid to a Bank, S&L, Etc.	\$	\$
Paid to an Individual (Must List Below)	\$	\$
Name:	Address:	
SS#	Address Line 2:	

UNREIMBURSED EMPLOYEE EXPENSES:		Notes	
Business expenses must be based on receipts and records which should document: the business purpose, date and time, place, and amount.			
Advertising	\$		
Bad Debt	\$		
Bank Charges	\$		
Books and Publications	\$		
Business Equipment Purchased During This Year			
Date Purchased	Description	Cost	Notes
e.g. Sept. 5, 20**	e.g. Video Equipment	\$ 3,000.00	Depreciate/179
Business Gifts**	\$		
**Gifts are limited to \$25 per person per year. You may not deduct these expenses unless they are documented.			
Business Meals and Entertainment*	\$		
* For business meals and entertainment, you must also document that (1) you discussed business during the meal, or (2) you had a substantial and bonafide business discussion or activity before or after the meal/entertainment, or (3) you are alone while out of town (enter out of town expenses in Travel section). You must record the name and business relationship of each person entertained.			
Commissions	\$		
Contract Labor	\$		
Education and Seminars	\$		
Health Insurance Premiums	\$		
Health Savings Account (HSA)	\$		
Insurance (Not Life)	\$		
Interest: Mortgage Paid to Banks	\$		
Other	\$		
Internet (and/or Cable)	\$		
Merchant Fees	\$		
Legal and Professional Services	\$		
Payroll: (Provide All Payroll Reports)	\$		
Wages Paid	\$		
P.O. Box	\$		
Postage and Delivery	\$		
Professional Dues & Memberships	\$		
Professional Licenses	\$		
Promotional/Publicity	\$		
Rent or Lease: Machinery/Equipment	\$		
Rent or Lease: Office Space, Storage, Etc.	\$		
Repairs	\$		
Research	\$		
Retirement Account Contributions*:	\$		
Deductible _____	\$		
Non-Deductible _____	\$		
Software	\$		
Supplies:	\$		
Office Supplies	\$		
Other Supplies	\$		
Taxes:	\$		
Sales	\$		
Property	\$		
Other	\$		
Telephone:	\$		
Home	\$		
Cell	\$		
Other	\$		
Union Dues	\$		

Utilites: (Enter Home Office Utilites Elsewhere)	\$	
Gas	\$	
Water & Power	\$	
Web Services	\$	
Website	\$	

TRAVEL EXPENSES:		Notes
Airfare, Train, Bus	\$	
Auto Rental, Taxi, Etc.	\$	
Laundry	\$	
Lodging	\$	
Meals & Tips	\$	
Passport/Visa Fees	\$	
Tips	\$	
Other	\$	
Other	\$	

INDUSTRY SPECIFIC EXPENSES:		Notes
	\$	
	\$	
	\$	
	\$	
	\$	

HOME OFFICE EXPENSES:		Notes
To qualify, a home office must be used exclusively and on a regular basis (a) as your principle place of business, or (b) by patients, clients, or customers in meetings or dealing with you in the normal course of business.		
Total Square Feet of Home		
Square Feet of Office		
Square Feet of Storage		
Insurance (Homeowners'/Renters')	\$	
Management, Condo Fees	\$	
Maintenance & Repairs	\$	
Mortgage Interest	\$	
Property Tax	\$	
Rent	\$	
Utilities:	\$	
Gas	\$	
Water & Power	\$	
Other	\$	
Other	\$	

BUSINESS AUTOMOBILE EXPENSES:		
Automobile Mileage:	2012 Amount	Notes
Total Mileage (Including personal, business, commuting, etc.)		
Business Mileage		
Actual Expenses:		
Auto License (other than personal property taxes)	\$	
Gasoline, lube, oil	\$	
Inclusion amount (enter as positive)	\$	
Insurance	\$	
Interest (car loan)	\$	
Parking fees and tolls	\$	
Personal property taxes (based on car's value)	\$	
Repairs	\$	
Tires	\$	
Value of employer-provided vehicle on Form W2 (2106)	\$	
Vehicle rent or lease payments	\$	

