



TAX + BUSINESS SERVICES

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<b>Client Name:</b>	<b>Phone Number:</b>	<b>Email:</b>
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**Itemized Personal Deductions – Schedule A**  
 (Includes a review for Unreimbursed Employee Expenses – State Only Purposes)

**Medical Expenses Paid**  
 Generally Must Exceed 7.5% of Income

<b>Type of Healthcare Information Form</b> (1095-A Covered CA, 1095-B, or 1095-C Form Employer Coverage)	<input type="checkbox"/> <b>1095-A &amp; 3895 (State)</b> <input type="checkbox"/> <b>1095-B</b> <input type="checkbox"/> <b>1095-C</b> (Please Provide Health Coverage Form for Tax Preparation)	
<b>Medical Expense</b>	<b>Amount</b>	<b>Notes</b>
<b>Ambulance</b>	\$	
<b>Dental Costs</b> (Braces, Cleaning, Visits...)	\$	
<b>Doctor Costs</b> (Consult, Primary Care, Specialists...)	\$	
<b>Glasses</b> (Including Contacts and any other Vision costs)	\$	
<b>Group Health Insurance Deducted From Pay</b>	\$	
<b>Hearing Aids</b> (Including Battery and visit costs)	\$	
<b>Hospital Costs</b> (Including ER, Urgent Care and Surgeries)	\$	
<b>Insurance Premiums Paid by You</b> (Including Medicare)	\$	
<b>Lab and X-Ray</b>	\$	
<b>Medical Equipment and Supplies</b>	\$	
<b>Medical Home Improvements</b> (Wheelchair ramp, railings...)	\$	
<b>Medical Mileage</b> (Number of miles)	\$	
<b>Medical Therapy</b>	\$	
<b>Medical Travel</b> (Lodging, Meals, Other Transportation)	\$	
<b>Nursing Home, Nursing Care, Assisted Living</b>	\$	
<b>Physical Therapy</b>	\$	
<b>Prescription Drugs</b> (no "over-the-counter" drugs)	\$	
<b>Psychotherapy, Psychological Counseling</b>	\$	
<b>Other</b>	\$	
<b>Other</b>	\$	
<b>Other</b>	\$	

**Taxes Paid**

<b>Real Estate:</b>	Home	\$
	Other	\$
<b>Vehicle License Fees:</b>		\$
	Number of Vehicles	
<b>Personal Property Tax</b> (Boat, Plane, Etc.)		\$
<b>State Income Tax Paid</b> (Provide Canceled Checks*):		
*You may take either the general sales taxes or state and local income taxes deduction, but not both.		
	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 4 <sup>th</sup> Est. Paid to State Jan. of tax year	\$
<b>Other</b>		\$
<b>Other</b>		\$
<b>Other</b>		\$

Home Mortgage Interest Paid		
Not for a rental property	Primary Residence	Second Home
<b>First Loan:</b>		
Paid to a Bank, S&L, Etc.	\$	\$
Paid to an Individual (Must List Below)	\$	\$
Name:	SS#	Address:
<b>Second Loan:</b>		
Paid to Bank, S&L, Etc.	\$	\$
Paid to an Individual (Must List Below)	\$	\$
Name:	SS#	Address:
<b>Home Equity Loan</b>		\$
If Form 1098 was issued in another's social security number enter that person's name and SS#		
Name:	SS#	
Did you refinance during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your home equity loan exceed \$100,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the sum of all home mortgages exceed \$1,100,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the sum of all home mortgages exceed \$1,750,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Charitable Contributions	
Written verification is required for each contribution of \$250 or more to any one organization. Do not include political or legislative action contributions, raffle or lottery tickets, or amounts paid for bingo or similar games.	
Cash Contributions	Amount
Church, Temple	\$
Government Organizations	\$
Payroll Deductions	\$
Red Cross, Cancer	\$
Scouts	\$
School, College	\$
United Way	\$
Other	\$
Other	\$
Non-Cash Contributions	Value
Provide a detailed list of items if total amount is more than \$500. The list must include, for each item; cost, fair market value, date acquired, date contributed, and name and address of organization donated to.	
Clothing, Furniture, etc. Donated	\$
Other	\$
Other	\$

Casualty or Theft Losses (Federally Declared Disaster Areas Only)	
Generally Must Exceed 10% of Income	
<b>Type of Loss:</b>	
<b>Date of Loss:</b>	
Fair Market Value Before Loss	\$
Fair Market Value After Loss	\$
Was Loss Covered by Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Reimbursed by Insurance	\$

Investment & Other Expenses		
IRA & Keogh Fees Paid By You		\$
Investment Counsel Fees		\$
Publications & Journals (For Investment Use)		\$
Safe Deposit Box		\$
Tax Preparation & Consultation Fees		\$
Telephone, Office Supplies (For Investment Use)		\$
Other		\$
Other		\$
Interest Paid (For Investments, such as land, stocks, etc.)		
Paid To	Reason for Loan	Interest Paid
		\$
		\$
		\$

**Unreimbursed Employee Expenses (State Only Purposes)**

Business expenses must be based on receipts and records which should document: the business purpose, date, time, place and amount.

<b>Unreimbursed Expense</b>	<b>Amount</b>	<b>Notes</b>
<b>Advertising</b>	\$	
<b>Books and Publications</b>	\$	
<b>Business Equipment Purchased During The Current Year</b>		
Date Purchased	Description	Amount
<i>e.g. 9/5/2022</i>	<i>e.g. Video Equipment</i>	<i>\$3,000</i>
		<i>Depreciation Section 179</i>
		\$
		\$
		\$
		\$
		\$
<b>Business Gifts**</b>	\$	
**Gifts are limited to \$25 per person per year. You may not deduct these expenses unless they are documented.		
<b>Business Meals and Entertainment*</b>	\$	
*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 below). You must record the name and business relationship of each person entertained.		
<b>Commissions</b>	\$	
<b>Employment Related Education and Seminars</b>	\$	
<b>Insurance (Not Life)</b>	\$	
<b>Interest:</b>		
	Mortgage Paid to Banks	\$
	Other	\$
<b>Internet (and/or Cable)</b>	\$	
<b>Legal and Professional Services</b>	\$	
<b>P.O. Box</b>	\$	
<b>Postage and Delivery</b>	\$	
<b>Professional Dues and Memberships</b>	\$	
<b>Professional Licenses</b>	\$	
<b>Promotional/Publicity</b>	\$	
<b>Rent or Lease:</b>		
	Machinery/Equipment	\$
	Office Space, Storage, Etc.	\$
<b>Repairs</b>	\$	
<b>Research</b>	\$	
<b>Software</b>	\$	
<b>Supplies:</b>		
	Office Supplies	\$
	Other Supplies	\$
<b>Telephone:</b>		
	Home	\$
	Cell	\$
	Other	\$
<b>Union Dues</b>	\$	
<b>Web Services</b>	\$	
<b>Other/Miscellaneous</b>	\$	

<b>Travel Expenses</b>	<b>Amount</b>	<b>Notes</b>
<b>Airfare, Train, Bus</b>	\$	
<b>Auto Rental, Tax, Etc</b>	\$	
<b>Laundry</b>	\$	
<b>Lodging</b>	\$	
<b>Meals and Entertainment</b>	\$	
<b>Passport/Visa Fees</b>	\$	
<b>Tips</b>	\$	
<b>Other Expense</b>	\$	
<b>Other Expense</b>	\$	

<b>Industry Specific Expenses</b>	<b>Amount</b>	<b>Notes</b>
	\$	
	\$	
	\$	
	\$	
	\$	

