

*John S. La Tour, CPA*  
*Form A – Itemized Deductions*

MEDICAL EXPENSES

Drugs & Medicine \_\_\_\_\_  
Doctors/Dentists \_\_\_\_\_  
Hospital \_\_\_\_\_  
Health Insurance \_\_\_\_\_  
Laboratory/X-Ray \_\_\_\_\_  
Travel to Medical Care \_\_\_\_\_  
Ambulance \_\_\_\_\_  
Eyeglasses \_\_\_\_\_  
Hearing Aid \_\_\_\_\_  
Nurses \_\_\_\_\_  
Other \_\_\_\_\_

TAXES

Real Estate \_\_\_\_\_  
Personal Property \_\_\_\_\_  
State Income Tax \_\_\_\_\_

INTEREST YOU PAID

Mortgage Loan \_\_\_\_\_  
Student Loan Interest \_\_\_\_\_  
Other \_\_\_\_\_

CONTRIBUTIONS

Church \_\_\_\_\_  
Other \_\_\_\_\_  
Miles Traveled for Charity \_\_\_\_\_

MISCELLANEOUS

Union Dues \_\_\_\_\_  
Tools for Work \_\_\_\_\_  
Safety Equipment \_\_\_\_\_  
Uniforms (Not general wear) \_\_\_\_\_  
Telephone Exp. For Job \_\_\_\_\_  
Employment Agency Fees \_\_\_\_\_  
Professional Dues \_\_\_\_\_  
Professional Subscriptions \_\_\_\_\_  
Income Tax Preparation \_\_\_\_\_  
Job-Related Schooling \_\_\_\_\_  
Miles traveled to Meetings \_\_\_\_\_  
Safety Deposit Box Fees \_\_\_\_\_

CASUALTY LOSSES NOT REIMBURSED

Storm \_\_\_\_\_  
Fire \_\_\_\_\_  
Theft \_\_\_\_\_  
Car Accident \_\_\_\_\_  
Property Damage \_\_\_\_\_

BUSINESS EXPENSE

Auto Expense \_\_\_\_\_  
Entertainment \_\_\_\_\_  
Salesman Expenses \_\_\_\_\_  
Subscription Bus. Pubs. \_\_\_\_\_  
Other \_\_\_\_\_

ESTIMATED TAX PAYMENTS

Federal

Date Paid _____	Amount Paid _____
Date Paid _____	Amount Paid _____
Date Paid _____	Amount Paid _____
Date Paid _____	Amount Paid _____

State

Date Paid _____	Amount Paid _____
Date Paid _____	Amount Paid _____
Date Paid _____	Amount Paid _____
Date Paid _____	Amount Paid _____