

Tax Preparation Program Schedule A Intake Sheet

Taxpayer Last Name _____ SSN Last Four _____

NOTE: Taxpayer will need documentation (e.g., receipts) to support any amount listed below.

Medical and Dental Expenses

- 1 Medical insurance premiums _____
- 2 Dental insurance premiums _____
- 3 Vision insurance premiums _____
- 4 Number of medical miles driven (17¢ per mile) _____
- 5 Doctor expenses _____
- 6 Hospital expenses _____
- 7 Prescriptions _____
- 8 Other medical expenses _____
- 9 Did TP receive one or more of the following forms? ☐ Form 1095-A ☐ Form 1095-B ☐ Form 1095-C

Taxes You Paid

- 1 State and local Income taxes _____
Sales tax on any big ticket items (e.g., car, boat) _____
- 2 Real estate taxes _____
 - a Principal residence _____
 - b Other property _____
- 3 Personal property taxes (you will need your "pink" slip(s)) _____
- 4 Other taxes. List type _____

Interest You Paid

- 1 Home mortgage interest and points on Form 1098 _____
- 2 Home mortgage interest and points **NOT** on Form 1098 _____
- 3 Interest paid to an individual who financed mortgage
a Name _____
b Address _____
c Identifying number _____
- 4 Points not reported on Form 1098 _____
- 5 Mortgage insurance premiums _____
- 6 Investment interest _____

Gifts to Charity

 If TP receives a benefit from the donation(s), you must deduct its value from contribution amount.

- 1 Gifts by cash or check. If \$250 or more receipt required _____
- 2 Non-cash. If \$250 or more receipt required _____ Please provide a picture and detailed list of the items
- 3 Charitable Miles (17¢ per mile) _____
- 4 Carryover from prior year _____ Please provide a list of the categories and years

Casualty or Theft Losses

- 1 (R) Casualty or Theft Loss(es). Requires Form 4684
a Cost or other basis of each property _____
b Insurance or other reimbursement _____
c Fair market value before casualty or theft _____
d Fair market value after casualty or theft _____

Job Expenses and Certain Miscellaneous Deductions

- 1 Unreimbursed employee exp-requires Form 2106/2106-EZ _____
 - a Job travel (miles) _____
 - b Union dues _____
 - c Job education _____
 - d Safety equipment _____
 - e Uniform maintenance _____
- 2 Tax preparation fees _____
- 3 Safe deposit box _____
- 4 Other expenses—List type and amount _____