Possible Tax Deductions–(Provide List of Actual Expenses to TaxRaja Management Associates,LLC)

(List amounts for items based on actual receipts and payments. Please keep receipts on file for all deductions)

Charitable Contributions (keep receipts):

Church/Temple/Masjid _____ $_____

Charity _____ $_____

Other _____ $_____

Value of Goods Donated—i.e. furniture or Clothing
given to Name: **Amount**

_____ $_____

_____ $_____

Volunteer Work expenses:
Provided to Church, Scouts, School, etc **Amount**

_____ $_____

Auto Miles Driven _____ $_____

Medical & Dental Expenses:

Dr _____ $_____

Dr _____ $_____

Prescription Drugs _____ $_____

Medical/Dental Insurance _____ $_____

Long–term Care Insurance _____ $_____

Lab & X-Ray _____ $_____

Dentures & Braces _____ $_____

Glasses & Contact Lenses _____ $_____

Medical Supplies _____ $_____

Other: _____ $_____

Other: _____ $_____

Other: _____ $_____

On Doctor's Advice [large equipments or other capital items]

Other _____ $_____

Other _____ $_____

Other _____ $_____

Medical Miles Driven _____ $_____

Other Medical Transportation _____ $_____

Taxes Paid:

Real Estate Tax _____ $_____

Personal Property Tax _____ $_____

State Income Tax _____ $_____

Interest Paid:

Home Mortgage Interest _____ $_____

2nd Mortgage/Home Equity _____ $_____

Home Mortgage to Individual _____ $_____

Name _____

Address _____

Points Paid at Closing _____ $_____

Investment Interest _____ $_____

Casualty Losses:

Accident, Fire, Theft and Natural Disasters:

_____ $_____

_____ $_____

_____ $_____

Miscellaneous and Employee Business Expenses:

Uniform Cost _____ $_____

Uniform Cleaning _____ $_____

Work Tools _____ $_____

Safety Shoes and Gloves _____ $_____

Union Dues _____ $_____

Tax Return Preparation _____ $_____

Safe Deposit Box _____ $_____

Investment Expenses _____ $_____

Job Educational Expenses _____ $_____

Job seeking fees _____ $_____

Sales/Entertainment _____ $_____

Office-in-Home Expense _____ $_____

Business Travel _____ $_____

Out of Town/Temporary _____ $_____

Other Items _____ $_____

Other Items _____ $_____

Other Items _____ $_____

Other Items _____ $_____

Other Items _____ $_____

Other Items _____ $_____

Other Items _____ $_____

Other Items _____ $_____

Business Use Car/Truck Expense: (need info below) $_____

Type of Vehicle: _____ Purchase Date: _____

Total Mileage Driven in Tax Year: _____

Commuting Miles: _____ Personal Use Miles: _____

Business/work Miles: _____ Miles Driven to 2nd Job _____

Charitable Miles: _____ Other Miles: _____

Education Expenses [Degree/Certification course]:

Student loan Interest _____ $_____

[1] Tuition & Fees: $_____

Educational Supplies: _____ $_____

☐ Undergraduate; ☐ Master's Level; ☐ Job related training

Provider's Name: _____ SSN/EIN _____

[2] Tuition & Fees: $_____

Educational Supplies: _____ $_____

☐ Undergraduate; ☐ Master's Level; ☐ Job related training

Provider's Name: _____ SSN/EIN _____

Child/Dependent Care Expenses:

Provider's Name: _____ SSN/EIN _____

Provider Address: _____

Child Name: _____

Amount Paid: _____ _____ $_____

[if you have more expense please list on the back of this page]

Full Name: _____ **Sign Here:** **Date:** _____