

TAXPAYER NAME

TAX YEAR



Peace of Mind
Tax Services

Description	Amount
Medical Expenses (including co-pays, payments, eyewear, contacts, etc.)	
Dental Expenses	
Prescription (out of pocket only)	
Total Mileage to and from:	
Personal Property Taxes (Vehicle(s))	
Investment Interest: Additional Information will be requested	
Gifts to Charity	
Gifts by Cash or Check (List below.)	
Gifts by donations (non-cash) – (List below)	
Carryover from prior year (Will show on your prior year return)	
Casualty or Theft Loss(es): Additional information will be requested.	
Unreimbursed employee expenses – job travel, union dues, job education, etc.	
Tax Preparation fees	
Other expenses (List below)	