

**2008 PERSONAL INCOME TAXES CHECKLIST**

Name:	DOB:
	SSN:
Spouse's Name:	DOB:
	SSN:
Street:	
City:	State: Zip:

Filing Status	Dependents
Single	Name DOB:
Married	SSN:
Head of Household	DOB:
Married Separate	SSN:

Change of Address?

Phone Number:	Fax Number:
Cell Phone Number:	Email:

Income	
W2's	\$
1099	\$
State Refund	\$
Interest Earned	\$
Dividends	\$
Other Income	\$
K1s	\$

## Expenses

### A. Medical Expenses

Prescriptions	\$
Doctors/Hospitals (including homeopaths/chiropractors/dentists, etc.)	\$
Eye Glasses or other medical devices	\$
Health Insurance Premiums or co-pays	\$
Mileage to/from visits to medical providers	\$
Ambulances	\$

### B. Taxes

Real Estate (primary home)	\$
Real Estate (other)	\$
Vehicle Registration(s) (cars, trucks, RVs, boats)	\$
Taxes paid on personal property and sales taxes for major purchases such as furniture, recreational vehicles, boats, or planes	\$

### C. Interest

Mortgage	\$
Second Mortgage	\$
Refinanced mortgage costs	\$
Points paid	\$
Second Homes	\$

### D. Charitable Contributions (Church, Scouts, Schools, Heart Association, United Way, etc.)

Name	\$
Name	\$
Name	\$
Name	\$

### E. Casualties and Theft (un-Reimbursed losses from disasters such as fires, hurricanes, tornados, etc.)

Name	\$
Name	\$

**Expenses (Continued)**

F. Miscellaneous

Union Dues	\$
Safe Deposit Boxes	\$
Tax Preparation Fees (previous year)	\$
Professional Publications and Membership Fees	\$
Un-Reimbursed Employee Expenses	
Mileage	\$
Uniforms / special clothing	\$
Tools	\$
Travel	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$