

PERSONAL EXPENSES

MEDICAL & DENTAL

DOCTORS \$ _____
DENTIST \$ _____
PRESCRIPTION DRUGS \$ _____
GLASSES, HEARING AID \$ _____
DENTURES & BRACES \$ _____
HOSPITAL EMERGENCY ROOM \$ _____
LABS & X-RAYS \$ _____
MEDICAL, DENTAL INSURANCE \$ _____
SUPPLIES & EQUIPMENT \$ _____
MEDICAL MILES \$ _____

CONTRIBUTIONS/DONATIONS

CASH DONATIONS TO CHIRCH \$ _____
CASH TO NON-PROFIT \$ _____
NON CASH DONATIONS \$ _____
MILES DONATED _____

CHILD CARE EXPENSES (1)

PROVIDER _____
PROVIDER'S EIN# _____
PROVIDER'S SS# _____
ST: _____
CITY: _____
ZIP: _____

CHILD CARE EXPENSES (3)

PROVIDER _____
PROVIDER'S EIN# _____
PROVIDER'S SS# _____
ST: _____
CITY: _____
ZIP: _____

TAXES

SALES TAX \$ _____
STATE TAX \$ _____
REAL ESTATE TAX ON HOME \$ _____

INTEREST PAID

HOME INTEREST \$ _____
SECOND MORTGAGE INTEREST \$ _____
THIRD MORTGAGE INTEREST \$ _____
POINTS PAID ON MORTGAGE \$ _____
INVESTMENT INTEREST \$ _____

EDUCATION EXPENSES

TUITION AND FEES \$ _____
BOOKS & EQUIPMENT \$ _____
STUDENT LOAN INTEREST \$ _____
COMPUTER/PRINTER SUPPLIES \$ _____

CHILD CARE EXPENSES (2)

PROVIDER _____
PROVIDER'S EIN# _____
PROVIDER'S SS# _____
ST: _____
CITY: _____
ZIP: _____

OTHER

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____