

SCHEDULE A (PERSONAL EXPENSES)

Taxpayer Name: _____ Social: _____

Medical and Dental Expenses (Insurance Payments Excluded): \$ _____

Taxes Paid:

General: \$ _____

Tax Preparation Fees: \$ _____

Property: \$ _____

Mortgage Interest: \$ _____

Home Insurance: \$ _____

Donations:

Cash Donations: \$ _____

Item Donation's Estimated Value: \$ _____

What was donated?: _____

Losses: \$ _____

Job Expenses never refunded: \$ _____

Other: \$ _____

\$ _____

All the information given was me, the client mentioned above.

X _____ Date: _____