



# **HEMENWAY BUSINESS SERVICE**

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## **Itemized Deduction Checklist**

### **Medical Expenses:**

Prescription Drugs.....\$ \_\_\_\_\_  
 Health Ins. Premium .....\$ \_\_\_\_\_  
 Medicare Ins. Premium .....\$ \_\_\_\_\_  
 Dental Ins. Premium .....\$ \_\_\_\_\_  
 Total Doctor.....\$ \_\_\_\_\_  
 Total Dentist.....\$ \_\_\_\_\_  
 Total Optometry.....\$ \_\_\_\_\_  
 Hospital/Lab/X-Ray .....\$ \_\_\_\_\_  
 \_\_\_\_\_\$ \_\_\_\_\_  
 Medical Mileage (miles) .....

### **Taxes:**

Real Estate Tax .....\$ \_\_\_\_\_  
 Taxable Value-Homestead .....\$ \_\_\_\_\_  
 Other Property Taxes .....\$ \_\_\_\_\_  
 Total License Plate Fee .....\$ \_\_\_\_\_  
 \_\_\_\_\_\$ \_\_\_\_\_

### **Interest:**

Home Mortgage 1<sup>st</sup> .....\$ \_\_\_\_\_  
 Home Mortgage 2<sup>nd</sup>/Equity .....\$ \_\_\_\_\_  
 Land Contract (home) .....\$ \_\_\_\_\_  
 Second Home .....\$ \_\_\_\_\_  
 Investment Interest.....\$ \_\_\_\_\_

*\*If you paid interest to an individual:*

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, St Zip \_\_\_\_\_  
 SS# \_\_\_\_\_

### **Home Office:**

Total sq. feet of home (REQ'D)..... \_\_\_\_\_  
 Total sq. feet of office (REQ'D) ..... \_\_\_\_\_  
 Utilities.....\$ \_\_\_\_\_  
 Homeowners Insurance.....\$ \_\_\_\_\_  
 Rent.....\$ \_\_\_\_\_

### **Contributions:**

Church .....\$ \_\_\_\_\_  
 United Way .....\$ \_\_\_\_\_  
 Easter Seals.....\$ \_\_\_\_\_  
 Heart/Cancer .....\$ \_\_\_\_\_  
 Salvation Army .....\$ \_\_\_\_\_  
 Goodwill .....\$ \_\_\_\_\_  
 \_\_\_\_\_\$ \_\_\_\_\_  
 Charity Mileage (miles) .....

### **Miscellaneous:**

Union Dues .....\$ \_\_\_\_\_  
 Tax Preparation Fees .....\$ \_\_\_\_\_  
 Educational Expense.....\$ \_\_\_\_\_  
 Job Seeking Costs .....\$ \_\_\_\_\_  
 Investment Expense .....\$ \_\_\_\_\_  
 Trade/Professional Journals.....\$ \_\_\_\_\_  
 Safe Deposit Box .....\$ \_\_\_\_\_  
 Safety Equipment.....\$ \_\_\_\_\_  
 Work Tools .....\$ \_\_\_\_\_  
 Business Telephone .....\$ \_\_\_\_\_  
 Uniforms .....\$ \_\_\_\_\_  
 Uniform Laundry .....\$ \_\_\_\_\_  
 Professional Dues .....\$ \_\_\_\_\_  
 Alimony payments.....\$ \_\_\_\_\_  
 IRA Deposits .....\$ \_\_\_\_\_  
 SEP Deposits .....\$ \_\_\_\_\_  
 Fed Estimates paid.....\$ \_\_\_\_\_  
 State Estimates paid.....\$ \_\_\_\_\_  
 Child Day Care .....\$ \_\_\_\_\_  
 \_\_\_\_\_\$ \_\_\_\_\_  
 \_\_\_\_\_\$ \_\_\_\_\_  
 Business Mileage (miles).....

### **Babysitter's Information (REQUIRED):**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, St Zip \_\_\_\_\_  
 SS# \_\_\_\_\_