

# CAROLYN'S TAX SERVICE

72 Park Street • Adams, MA 01220 • (413) 743-5609 • FAX (413) 743-5642

CAROLYN CHALIFOUX, *Tax Consultant*

## **MEDICAL EXPENSES**

Amount

Prescription Drugs \$ \_\_\_\_\_  
Doctors, Dentists, Nurses \_\_\_\_\_  
Hospitals \_\_\_\_\_  
Medical Supplies \_\_\_\_\_  
Glasses \_\_\_\_\_  
Ambulance \_\_\_\_\_  
Insurance Premiums Paid  
for Medical & Dental Care \_\_\_\_\_  
Medical Miles \_\_\_\_\_

## **TAXES**

Amount

Real Estate Taxes \$ \_\_\_\_\_  
Personal Property  
(swimming pool, boat, horses) \_\_\_\_\_  
Excise Tax on Auto \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **CONTRIBUTIONS**

Church \$ \_\_\_\_\_  
Cancer Fund, Red Cross, others \_\_\_\_\_  
Payroll Donations \_\_\_\_\_  
Fair Market Value of  
Materials Donated \_\_\_\_\_

## **INTEREST PAID**

Home Mortgage \$ \_\_\_\_\_  
Equity Loans \_\_\_\_\_  
Student Loan Interest \_\_\_\_\_

## **CHILD CARE**

Amount Paid \$ \_\_\_\_\_  
Name of Babysitter \_\_\_\_\_  
Address of Babysitter \_\_\_\_\_  
\_\_\_\_\_  
Social Security # of Babysitter \_\_\_\_\_  
\_\_\_\_\_  
Nursery School \_\_\_\_\_  
\_\_\_\_\_

## **MISCELLANEOUS**

Union Dues \$ \_\_\_\_\_  
Association Dues \_\_\_\_\_  
Safety Deposit Box \_\_\_\_\_  
Uniforms \_\_\_\_\_  
Safety Shoes \_\_\_\_\_  
Safety Equipment \_\_\_\_\_  
Tax Preparation \_\_\_\_\_  
Tools on Job \_\_\_\_\_  
Supplies on Job \_\_\_\_\_

## **HOME OFFICE EXPENSE**

To be deductible, it must be for the convenience of the **EMPLOYER**.

If dropping your return off - inquire at front desk about Home Office Deductions.

***IRA DEDUCTION***

Amount

Taxpayer \$ \_\_\_\_\_

Spouse \_\_\_\_\_

***ESTIMATED TAX PAYMENTS***

1st

2nd

3rd

4th

Federal \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

State \_\_\_\_\_

***RENT PAID***

Taxpayer Address \_\_\_\_\_

Number of Months \_\_\_\_\_

Amount per Month \$ \_\_\_\_\_

Landlord's Name & Address \_\_\_\_\_

Taxpayer Address \_\_\_\_\_

Number of Months \_\_\_\_\_

Amount per Month \$ \_\_\_\_\_

Landlord's Name & Address \_\_\_\_\_

***INTEREST and DIVIDEND INCOME***

Please bring in Year End Statements

***TUITION PAID FOR TAXPAYER or SPOUSE or DEPENDENTS PURSUING COLLEGE DEGREE***