

SCHEDULE A

HOME:

Mortgage Interest/Points from Form 1098 _____
Contract for Deed Interest Statement _____
Property Tax Statement _____

MEDICAL: (If more than 10% of AGI)

Medical Insurance Payments _____
Co-Payments _____
Dentist _____
Eyeglasses _____
Prescriptions _____
Mileage/Parking _____

DONATIONS: (If Property over \$500.00, list dates, addresses and itemized list)

Cash/Check \$ _____ to whom _____ Date _____
Cash/Check \$ _____ to whom _____ Date _____
Cash/Check \$ _____ to whom _____ Date _____
Property/Clothing \$ _____ to whom _____ Date _____

STATE TAXES:

Car License Tabs \$ _____
MN State W/H Tax \$ _____
MN State Tax Paid for prior year \$ _____
Sales Tax on Vehicle Purchase \$ _____

INSURANCE LOSSES: _____

UNREIMBURSED

JOB EXPENSES:

Job Education: _____
Mileage: _____ Travel: _____ Meals: _____
 AUTO INFO: Year/Make _____ Model _____
Union Dues: _____
Uniforms: _____
Publications: _____
Investments/Safe Deposit Box: _____
Other: _____

MISSING INFO/NOTES: _____

