

Itemized Deductions & Residential Credit

➤ Name/s:

A. Medical & Dental Expenses (1)		Amount	D. Gifts to Charity (6)		Amount	
1a Medical Insurance (do not include payroll deduction) Included: Medicare Part A/B/D/ from 1099-SSA			16 Contributions PAID BY CASH / CHECK / CREDIT CARD / PAYROLL W/H			
b All other Medical & Dental Expenses			17 Contributions of clothing, furniture, etc @ FMV* (*If over \$500 IRS requires supporting NCC form. If over \$5,000 an appraisal is required.)			
c Total			20 Casualty / Theft Losses TOTAL LOSS LESS REIMB. (1)		\$	
<p>Due to the new tax law taxpayers are not likely to deduct these expenses. However, if you would like us to try please enter your expenses on line 1a and b above or use our Medical and Dental Expenses Worksheet on our website.</p> <p>DON'T INCLUDE EXPENSES REIMBURSED BY INSURANCE!</p> <p>DON'T DUPLICATE AMOUNT ENTERED ON SHEET 1 LINE 29</p>		E. Other Deductions - Employees only		(T)	(S)	
		Self Employed - Do Not Fill in Items 21+22 - Use Sheet 3				
		21 Unreimbursed Employee Business Expenses COMPLETE OTHER SIDE <input type="checkbox"/>				
		21-01 Union and Professional Dues				
		-02 Professional Education Seminars (3)				
		-03 Books / Publications - Professional				
		-04 Cleaning Maintenance of Uniform				
		-05 Conventions / Exhibits / Trade Shows				
		-06 Employment Search Costs				
		-07 Performing Artist's Expenses - Attach list				
B. Taxes						
5-1 State Taxes (paid by check with last year's return)						
2 2017 State Estimated Taxes paid in 2019						
3 State Taxes (paid with last year's extension)						
4 State Taxes (paid last year for prior years)						
5 State Taxes from K-1						
6 Total Sales Tax paid in 2019						
Local Sales Tax Rate: % See note (4) below		(leave blank)	-11 Misc. Expenses			
State Sales Tax Rate: % See note (4) below		(leave blank)	List Other Expenses			
Sales Tax on Cars/Boats/Planes						
5b Real Estate Taxes (1098, LINE 11)		Primary Residence <input type="checkbox"/>				
5c Personal Property Taxes						
6 Auto Registration Tax See note (2) below		22 Tax Return Prep. Fee				
Other Taxes		23-01 Investment Exp (1099 INT, DIV box etc - your records)				
C. Interest						
8 Home Mortgage Interest	(1098, LINE 1)	-02 Safe Deposit Box				
Co-op Mortgage Interest	(1098, LINE 1)	-03 Investment Publications				
Home Equity Loan (1098, LINE 1) USED, BUY, BUILD, IMPROVE HOME		-04 IRA / Keogh Maintenance Fee				
Deductible Points (1098, LINE 6)		-05 Landlord Administration Fee (from 1099 INT)				
Mortgage Balance - 01/01 (1098, LINE 2)		-06 Other Expenses to Produce Income				
Mortgage Balance - 12/31		Homeowners Credit - NJ / CT / Other States				
Mortgage Origin Date (1098, LINE 3)		NJ- BLOCK:	LOT:	QUALIF:		
8b Home Mortgage interest paid to Individuals See note (5)		CT-TOWN:	LIST/BILL#:	DATE PD:		
8c Deductible Points (NOT FROM FORM 1098, LINE 6)		All States - REAL ESTATE TAXES PAID				
13 Qualified Mortgage Insurance "Premiums" (1098 Box 5)		CT Auto Tax Credit Town:				
9 Investment /Margin Interest Exp. (BROKER'S STATEMENTS)		Year:	Make:	Model:		
		Bill No:	Date Paid:	Tax Paid: \$		

However, Federal Tax Law eliminated these deductions. Some states allow these deductions.

(1) The Tax Law severely limits this deduction. Fill in requested information and we'll compute your deduction. **NJ residents should fill in medical information.**

(2) Only applicable to AZ, CA, CO, CT, GA, IN, IA, ME, MA, MN, MS, MT, NE, NV, NH, OK, WA, and WY.

(3) These costs may qualify for the education tax credit. Please see Sheet #1 (back page) for needed information.

(4) **NYS** = 4.0% **CT** = 6.35% **NJ** = 6.875% **NYC** = 4.875% **Nassau/Suffolk** = 4.625% **Orange/Dutchess** = 4.125% **Putnam** = 4.375% **Rockland** = 4.375%

(5) Please provide name, SSN, and address of loan holder.

(6) For donations of \$250 or more, you must have receipts in your possession by the tax filing date.

Business Expenses for Employees Only

Do not duplicate expenses entered here with any entered on the first page of Sheet 2 or on Sheet 3

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2106 I. TRAVEL, ENTERTAINMENT & OTHER BUSINESS EXPENSES—EMPLOYEES ONLY

		TAXPAYER	SPOUSE
2	Parking / Tolls / Local Transportation including Trains – Not including commuting * See note below		
3	Travel and Lodging While Away From Home Overnight – include Taxi and Car Rental		
4	Other Business Expenses – List Categories and Amounts		
		TAXPAYER	SPOUSE
5	Meal Exp. AWAY FROM HOME OVERNIGHT – See our "Travel Meal Expenses in USA"		
Other Business Meals and Entertainment			
Reimbursement for Above Expenses – Use W-2 Box 12, code "L" and other payments, not W-2 Box 1			
Taxpayer: Qualified Performing Artist? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse: Qualified Performing Artist? <input type="checkbox"/> Yes <input type="checkbox"/> No			

II. AUTOMOBILE EXPENSES — EMPLOYEES ONLY (SELF EMPLOYED - See Sheet #3) SEE C. BELOW

		TAXPAYER	SPOUSE
<input type="checkbox"/> If you use only one car for the two of you check one box			
Note: If you use more than one car for business, please reproduce this form and use a separate sheet for each car			
11	Date Car Was Purchased Taxpayer: / / Spouse: / / Cost: \$	\$	\$
12	[D] = Total Miles During The Year [A] + [B] + [C]		
13	[A] Total Business Miles (If you use 53.5¢ per business mile, in lieu of actual costs, plus business parking + auto loan int.)		
14	PERCENT OF BUSINESS USE [A] ÷ [D] =	%	%
16	[B] Total Commuting Miles During The Year * *Commuting from home to office is not deductible, but miles must be reported. Traveling from home to client, and then to your office is deductible, and should be included on [A], for auto users, and on line 2 for all users		

		TAXPAYER		SPOUSE	
		YES	NO	YES	NO
17	[C] Total Personal Miles During The Year You may use mileage or actual method. For more information go to: http://judakallus.com/files/actual.pdf				
The IRS Would Like To Know:					
18	Was Your Vehicle Available for Personal Use During Off-Duty?				
19	Do You or Your Spouse Have Another Vehicle For Personal Use?				
20	Do You Have Evidence To Support Your Deductions?				
21	Is The Evidence Written?				

C. ACTUAL AUTOMOBILE EXPENSES

		TAXPAYER	SPOUSE
23	Gasoline, Oil, Repairs, Insurance, Registration & License Costs, etc. (Total For Year)		
23a	Interest on Auto Loan Enter on line 2 above		
24a	Vehicle Lease Payments – Attach copy of Lease Agreement		
24b	Auto Lease Inclusion – (LEAVE BLANK)		
30	Total Cost of Car Including Sales Taxes / Value of Leased Car		
Parking + Tolls (Business portion only) Employees: enter on line 2 above			