

# SCHEDULE A AFFIDAVIT



## MEDICAL & DENTAL EXPENSES

Insurance Premiums (Do not include Pretax Premiums)	\$ _____
Medicare Premiums (withheld from soc. security)	\$ _____
Prescriptions	\$ _____
Long Term Care Insurance Premiums	\$ _____
Doctor (Name: _____)	\$ _____
Doctor (Name: _____)	\$ _____
Doctor (Name: _____)	\$ _____
Doctor (Name: _____)	\$ _____
Doctor (Name: _____)	\$ _____
Dentist (Name: _____)	\$ _____
Dentist (Name: _____)	\$ _____
Hospital Care	\$ _____
Laboratory & X-Ray Costs	\$ _____
Miles Driven for Medical Care	_____
Medical Travel (parking, taxis, airfare, etc.)	\$ _____
Medical Travel (lodging)	\$ _____
Ambulance Costs	\$ _____
Glasses, Contacts & Eye Exams	\$ _____
Hearing Aids & Batteries	\$ _____
Prosthetic Appliances	\$ _____
Sick Room Supplies & Appliances	\$ _____
In Home Attendant or Nursing Service	\$ _____
Insurance Reimbursements (for amounts listed above)	\$ _____

## CASUALTY

Total Casualty Loss (attach documentation)	\$ _____
Examples: Theft, Earthquake, Fire, Flood	

## ADJUSTMENTS TO INCOME

Archer MSA Deduction	\$ _____
Business Expenses (reservists, artists, & fee-based officials)	\$ _____
Moving Expenses (work related)	\$ _____
SEP, SIMPLE & Qualified Plan Contributions	\$ _____
Alimony Paid (Name & SSN: _____)	\$ _____
IRA Deductions	\$ _____
Student Loan Interest Paid	\$ _____
Jury Duty Pay (Given to Your Employer)	\$ _____

## TAXES PAID

State Income Tax (prior year return)	\$ _____
State Income Tax (current year estimate)	\$ _____
State Income Tax Withheld (from W-2)	\$ _____
SDI Withheld (from W-2)	\$ _____
Real Estate Taxes (attach appropriate form)	\$ _____
Personal Property Tax	\$ _____
DMV Registration	\$ _____

By signing below I understand to the best of my knowledge this information is true and accurate. I have all my receipts, log books, and any other information required to support my claim. If I am audited through any fault of my own, by giving false information, I will not hold National Tax Centers or any of its employees liable.

Under penalty and perjury I declare the above information is true and correct to the best of my knowledge.

### PLEASE SIGN BELOW

Taxpayer Signature	Date
Spouse Signature	Date

## CONTRIBUTIONS

**CASH CONTRIBUTIONS:**

Church (Name: _____)	\$ _____
Church (Name: _____)	\$ _____
Church (Name: _____)	\$ _____
Church (Name: _____)	\$ _____
Other (Name: _____)	\$ _____
Other (Name: _____)	\$ _____
Other (Name: _____)	\$ _____
Other (Name: _____)	\$ _____

**NON-CASH CONTRIBUTIONS:**

Church ( Name: _____ Cost: \$ _____	
Desc.: _____)	
Other ( Name: _____ Cost: \$ _____	
Desc.: _____)	
Miles Driven for Charity	_____

*Please attach any and all receipts*

## INTEREST PAID

Home Mortgage Interest (attach form 1098)	\$ _____
Home Mortgage Interest (attach form 1098)	\$ _____
Home Mortgage Interest (attach form 1098)	\$ _____
Home Mortgage Interest (attach form 1098)	\$ _____
Home Mortgage Interest (other)	\$ _____
Home Mortgage Interest (other)	\$ _____
Mortgage Interest Paid to an Individual	\$ _____
Name: _____	
Address: _____	
City, State, Zip: _____	
Points Paid on Mortgage Loan	\$ _____
Points Paid on Mortgage Loan	\$ _____

*If you refinanced your primary or secondary residence or sold your home, please bring the settlement sheet*

## OTHER DEDUCTIONS NOT LISTED ABOVE