

2005 - SCHEDULE A SHEET
(ITEMIZED DEDUCTIONS)

MEDICAL

1. If you paid out-of-pocket medical expenses in 2005, please complete the following information:
- a. Medicines and Drugs: \$ _____
 - b. Insurance Premiums: \$ _____
 - c. Doctors, Dentists, Hospitals, etc... \$ _____
 - d. Number of Medical Miles Driven: prior to September 1, 2005 _____
 - e. Number of Medical Miles Driven: after August 31, 2005 _____
 - f. Other Medical expenses, please list type of expense and amount paid in 2005:
 Type _____ Amount Paid \$ _____
 Type _____ Amount Paid \$ _____

TAXES

- 2. If you paid any Personal Property Taxes in 2005, how much? \$ _____
- 3. If you paid any Real Estate Taxes in 2005, how much? \$ _____

HOME MORTGAGE INTEREST

4. If you paid any Home Mortgage Interest in 2005, how much? \$ _____
 If paid, complete the following questions. If not, skip to question 5.
- a. Is any of your home mortgage interest from loans **based on more than 100% of the value of your home?** YES / NO If Yes, continue
 - b. Enter only the amount paid that was based on 100% value of your home. \$ _____
 - c. If your home mortgage interest was not paid to a Financial Institution, but to an individual, please provide the following information:
 Full Name: _____
 Address: _____
 SSN: ____ - ____ - _____

CASH CONTRIBUTIONS

5. If you made any cash contributions to a charitable organization in 2005, complete the Name of the charitable organization and the amount you donated below:
- Name: _____ Amount \$ _____
 Name: _____ Amount \$ _____
 Name: _____ Amount \$ _____

NONCASH CONTRIBUTIONS

6. If you made any contributions other than Cash or Check to a charitable organization in 2005, complete the following for each donation: (Less than \$250 No Receipt Required), (\$250 - \$500 Receipt Required)

Organization Name and Address	Description of Property	Date Donated	Date Acquired	How Acquired	Original Cost Or Basis \$	Fair Market Value \$

CASUALTY AND THEFT LOSSES (In general, to be deductible the loss must exceed 10% of AGI.)

7. If you had any personal casualties, thefts, property lost or damage in 2005, please complete the following:
- a. Type of Property: _____
 - b. Describe Casualty or theft: _____
 - c. Date Acquired: _____
 - d. Date of casualty or theft: _____
 - e. Cost or basis of property: \$ _____
 - f. Insurance or reimbursement received: \$ _____
 - g. Fair Market Value before casualty or theft: \$ _____
 - h. Fair Market Value after casualty or theft: \$ _____

JOB RELATED TRAVEL EXPENSES (Form 2106 / 2106 EZ)

8. Did you have any job related travel expenses in 2005? **YES / NO** If **Yes**, please circle for whom and complete the following: **Taxpayer or Spouse** (please circle)

Vehicle Information

- a. Date vehicle was placed in service ____ - ____ - ____
 - b. Total number of miles driven for ALL PURPOSES during 2005: _____
 - c. Of the total miles, enter the number of miles you drove prior to September 1, 2005:
Business _____ Commuting _____ Personal / Other Miles _____
 - d. Of the total miles, enter the number of miles you drove after August 31, 2005
Business _____ Commuting _____ Personal / Other Miles _____
 - e. Did you / your spouse have another vehicle available for personal use?.....**YES () NO ()**
 - f. Was your vehicle available for use during off-duty hours?.....**YES () NO ()**
 - g. Do you have written evidence to support this deduction?.....**YES () NO ()**
9. Total paid in 2005 for parking fees, tolls, and local transportation: \$ _____
10. Hotel Expenses: \$ _____, Business Meals \$ _____, Business Entertainment \$ _____

MISCELLANEOUS DEDUCTIONS (Do not include any amounts you were reimbursed for)

- 11. a. Union / Professional dues \$ _____ b. Uniforms & protective clothing \$ _____
- c. Tools \$ _____ d. Job Search Expenses \$ _____
- e. IRA maintenance fees \$ _____ f. Job related educational expenses \$ _____
- g. Professional Subscriptions \$ _____ h. Prior year tax return preparation fee: \$ _____
- i. Legal / Accounting fees relating to your income taxes \$ _____
- j. Unemployment from prior year repaid in 2005 \$ _____
- k. Gambling Losses (can't exceed winnings reported on 1040) \$ _____
- l. Other expenses: _____ \$ _____

SALE OF HOME

12. Did you sell your home in 2005? **YES / NO** If **Yes**, continue, *Paid Preparer may be contacting you.
What Phone number can you be best reached at? (_____) _____ - _____
If No, STOP here
13. Did you live in it 2 out of the last 5 years? **YES / NO**
14. What year did you purchase the home you sold? ____ - ____ - ____
15. What did you pay for the sold home? _____
16. Have you purchased another home? **YES / NO** If **Yes**, what did the new home cost? \$ _____