

Sprint Tax, Inc.
Form A – Itemized Deductions

MEDICAL EXPENSES

Drugs & Medicine _____
Doctors/Dentists _____
Hospital _____
Health Insurance _____
Laboratory/X-Ray _____
Travel to Medical Care _____
Ambulance _____
Eyeglasses _____
Hearing Aid _____
Nurses _____
Other _____

TAXES

Real Estate _____
Personal Property _____
State Income Tax _____

INTEREST YOU PAID

Mortgage Loan _____
Student Loan Interest _____
Other _____

CONTRIBUTIONS

Church _____
Other _____
Miles Traveled for Charity _____

MISCELLANEOUS

Union Dues _____
Tools for Work _____
Safety Equipment _____
Uniforms (Not general wear) _____
Telephone Exp. For Job _____
Employment Agency Fees _____
Professional Dues _____
Professional Subscriptions _____
Income Tax Preparation _____
Job-Related Schooling _____
Miles traveled to Meetings _____
Safety Deposit Box Fees _____

CASUALTY LOSSES NOT REIMBURSED

Storm _____
Fire _____
Theft _____
Car Accident _____
Property Damage _____

BUSINESS EXPENSE

Auto Expense _____
Entertainment _____
Salesman Expenses _____
Subscription Bus. Pubs. _____
Other _____

ESTIMATED TAX PAYMENTS

Federal

Date Paid _____	Amount Paid _____
Date Paid _____	Amount Paid _____
Date Paid _____	Amount Paid _____
Date Paid _____	Amount Paid _____

State

Date Paid _____	Amount Paid _____
Date Paid _____	Amount Paid _____
Date Paid _____	Amount Paid _____
Date Paid _____	Amount Paid _____