PRESCRIPTIONS DRUGS					
HEALTH INSURANCE PREMIUMS					
DOCTORS, DENTISTS & OTHER I					
LONG TERM HEALTH CARE PREI					
TRAVEL EXPENSES	WIOWS				
Automobile Mileage	Rate/Mile	\$ 0.170	\$ -		
Parking and Tolls	Nate/iville	ψ 0.170	Ψ -		
Parking and Tolls					
TAXES	Doubt Fill Out it Included	4000 Marta	F		
IAXES	Don't Fill Out if Included	on 1096 Morty	FOIIII		
DEAL COTATE TAVES					
REAL ESTATE TAXES REAL ESTATE TAXES					
REAL ESTATE TAXES					
REAL ESTATE TAXES					
DEDCOMAL DEODERTY TAY		0047			
PERSONAL PROPERTY TAX	1 1	2017			
MORTGAGES -Not Reported on F	orm 1098 Mortgage Staten	ients, or Statei	ments From Mo	ortgage Company	
	Name Of Lender		1		
MORTGAGE					
INVESTMENT LOANS					
LOAN POINTS (Even if paid by sell-					
DATE OF MORTGAGE REFINANCE		/ /2017	YEARS		
* Please copy of two page HUD-1 fe	orm				
OTHER MISC DEDUCTIONS	7				
	_				
TAX RETURN FEES					
SAFE DEPOSIT BOX					
INVESTMENT EXPENSES					
OTHER:					
OTHER:					
Don't Fill Out If You Provide IRA	Statements Reporting Cont	ributions			
	. •				
IRA CONTRIBUTIONS	\$5500 Maximum under ag	ıe 50	TRADITIONAL	ROTH	7
	່ \$6500 Maximum Age 50+	•			
	**************************************				
<b>IRA CONTRIBUTIONS - YOURSEL</b>	F FOR 2017				
IRA CONTRIBUTIONS - SPOUSE	FOR 2017				
CHILD CARE EXPENSES	Vou MUST DEDORT SS#	of CARE BROV	IDED TO CLAI	M CDEDIT	
CHILD CARE EXPENSES	You MUST REPORT SS#	UI CARE PRUI	NDER TO CLAI	IVI CREDIT	
NAME & ADDRESS OF BROWNER	<u> </u>	AMTDAID	00.4		# () !!!
NAME & ADDRESS OF PROVIDER	VI	AMT PAID	SS#		# CHIL
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MEDICAL EXPENSES