

METROPOLITAN INCOME TAX AND BOOKKEEPING

SCHEDULE A - ITEMIZING DEDUCTIONS

(List amounts for items you have - keep receipts for your deductions)

Medical & Dental (out of pocket payments not covered by insurance):

Medical Insurance Premiums :	\$ _____
Doctor:	\$ _____
Dentist:	\$ _____
Vision:	\$ _____
Pharmacy:	\$ _____
Medications:	\$ _____
Labs/X-rays	\$ _____
Medical miles driven:	\$ _____
Other medical miles:	\$ _____
Hospital expenses:	\$ _____
Prescribed / Advised by Doctor:	\$ _____
Durable medical equipment (attach list if needed)	\$ _____

Contributions/Donations:

Church:	\$ _____
(attach list if needed)	
Charities:	\$ _____
(attach list if needed)	
Volunteer expenses:	\$ _____
Misc.	\$ _____

Taxes:

	\$ _____
Real Estate Tax:	\$ _____
Sales Tax :	
(Especially major purchases)	_____

Child Care Information:

Providers Name: _____ Providers SSN/EIN: _____
Providers address: _____ Amount Paid : _____