

JANET JOBERT 510-654-3425 TEL 510-654-3429 FAX jobert@joberttax.com www.JobertTax.com

Prior Year Balance due: _____

Boat/Trailer /Motorcycle: _____

DMV Fee Car #1: _____

Car #2:

INCOME	JANET JOBERT 510-654-3425 TEL 510-654-3429 FAX jobert@joberttax.com	ITEMIZED TAX DEDUCTION WORKSHEET PAGE 1 NAME ADDRESS
	www.JobertTax.com	PHONE
MEDICAL EXPE	NSES	INTEREST
Medical Insurance:		Mortgage Interest-Loan #1:
Nursing Home:		Loan #2:
Doctors/Dental:		Interest Paid to an Individual:
Accupuncture: Accupressure: Medicine and Drugs:		Name:
Accu	pressure:	Address:
Medicine ar	nd Drugs:	Social security number:
Herbal Medicine:		Refinanced — Points/fees:
Opt	omotrist:	CHARITABLE CONTRIBUTIONS
Glasses/Cont	act Lens:	
Hea	aring Aid:	
Lab Fee	es/ X-Ray:	United Way: Red Cross:
	Therapy:	
Transportatio	n - Miles:	Miscellaneous:
	Cab Fee:	NON-CASH CONTRIBUTIONS
Ambulance:		Salvation Army:
Insurance Reimbursement:		Goodwill:
TAXES		Donation of a Vehicle:
Property Tax — Your Home:		Place of Donation:
2nd Home/ Timeshare:		Date of Donation:
Vaca	ant Land:	Mileage for the donation:

of Time/Services:



JANET JOBERT 510-6 510-6 jobert www.

ITEMIZED TAX DEDUCTION WORKSHEET PAGE 2

IN C O M E	510-654-3425 TEL		
	510-654-3429 FAX	NAME	
SERVICE	jobert@joberttax.com	ADDRESS	
	www.JobertTax.com	PHONE	
IISCELLANEO	US DEDUCTIONS		
Professional /Ui	nion dues:	Attorney Fees/Protection of Income: _	
Tax Prepara	ation fees:	Childcare:	
Education/	/Seminars:	Child's Name:	
Job seekinç	g expense:	Child's Social Security #:	
Business pu	blications:	Provider's Name:	
Unreimbursed	d supplies:	Address:	
Safety Shoes & ed	quipment:	Soc. Sec. #:	
Uniform 8	k cleaning:	or FEIN #:	
Investment	expenses:		
Safety de	eposit box:	Social security number:	
STIMATED TA	XX PAID		
ST QUARTER:	FEDERAL	STATE	DATE PAID
ND QUARTER:	FEDERAL	STATE	DATE PAID
RD QUARTER:	FEDERAL	STATE	DATE PAID
TH QUARTER:	FEDERAL	STATE	DATE PAID
OTES / QUES	STIONS		