



Avery Accounting

JACKSONVILLE TAX SPECIALIST

Schedule A Information / Itemized Deductions

Medical Expenses	\$ _____	Uniform Cleaning	\$ _____
Prescriptions	\$ _____	Work Tools	\$ _____
Medical Insurances	\$ _____	Union Dues	\$ _____
Dental	\$ _____	Safety Equipment	\$ _____
Glasses/Contacts	\$ _____	Tax Return Prep	\$ _____
Medical Miles Driven	\$ _____	Safe Deposit Box	\$ _____
Charitable Contributions Cash	\$ _____	Investment Expenses	\$ _____
Household Items Donated	\$ _____	Education Expenses	\$ _____
Charitable Miles Driven	\$ _____	Business Travel	\$ _____
State Taxes Paid	\$ _____	Vehicle Use, Miles	\$ _____
Real Estate Taxes Paid	\$ _____	Student Loan Interest	\$ _____
Personal Property Tax	\$ _____	Other (Description)	\$ _____
Mortgage Interest	\$ _____		\$ _____
Points Paid at Closing	\$ _____		\$ _____
Casualty Losses	\$ _____		\$ _____

I certify that all the above information given to the tax preparer to complete my tax return is true and accurate to the best of my knowledge

Tax Payer Signature _____

Date: _____