**D R TAX SERVICE**

**Tax Payer Deduction Information**

**Tax Payer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tax Payer Phone #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS IS FOR TAX YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Federal Refund \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owe Federal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State Refund \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owe State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Information Needed For Tax Preparation** | | ***Amount*** | | ***Comments*** | |
|  | **Medical Insurance** | |  | |  | |
|  | **Medical Mileage/ Parking** | | | | |  | |
|  | **Medical Bills/Co Payments/Prescriptions** | |  |  |  | |
|  | **Dental Bills/Co Payments** | |  |  |  | |
|  | **Vision Bills/Co Payments** | |  |  |  | |
|  | **Real Estate Taxes/Property Taxes** | |  | |  | |
|  | **Mortgage Insurance Paid** | |  | |  | |
|  | **Mortgage Interest** | |  | |  | |
|  | **Ad Valorem Taxes/Car Tags** | |  | |  | |
|  | **Emission Fees** | |  | |  | |
|  | **Tithes, Churches & School (Name Of Place)** | |  | |  | |
|  | **Charity Donations (Name Of Place)** | |  | |  | |
|  | **Child Care: 13yrs & Under (Name of Place, Address, EIN)** | |  | |  | |
|  |  | |  | |  | |
|  |  | |  | |  | |
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|  |  | |  | |  | |
|  | **Additional Forms Needed: W2/W2G/1099R-RRB/1099SA/1099SSA**  **1099C/1099M/1099G /1098T/ 1098 E / 1095 A, B or C Health Care** | |  | |  | |
|  | ***Verify Bank Account Information***  ***Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Routing#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Account#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type\_\_\_\_\_\_\_\_\_\_\_*** |  | | | | |
|  | ***Additional Comments or Questions:*** | | | | |  |
| ***X*** | | | | |
| ***By signing this form you agree that all information submitted is true and accurate to the best of your knowledge and corresponds with verified documents.*** | | | | |

**©drtaxervice Revised 04/2020 For office use only----🡪TOTAL FEES $\_\_\_\_\_\_\_\_\_\_\_\_**