

SCHEDULE A CHECKLIST

MEDICAL

- Yes _____ Prescription medicine or insulin
- Yes _____ Doctor/Chiropractor/Psychologist
- Yes _____ Dentist
- Yes _____ Hospital / Clinic
- Yes _____ Insurance Premiums ó Long Term Care
- Yes _____ Insurance Premiums (including supplemental)
- Yes _____ Drug or Alcohol treatment center
- Yes _____ Ambulance
- Yes _____ Stop Smoking Programs
- Yes _____ Lodging for medical travel (\$50 per day limit)
- Yes _____ Medical Mileage
- Yes _____ Eyeglasses/Contacts (not supplies)
- Yes _____ Hearing aids/batteries
- Yes _____ Dentures
- Yes _____ Capital expenditures (ramps/elevators, etc)
- Yes _____ Medical exp of dependents, whether living with you or not
- Yes _____ In-Home Caregiver for Medical Care

TAXES

- Yes _____ **PORTLAND ARTS TAX \$ _____ you must file this yourself!!!! Due by April 18th and is online.**
- Yes _____ Oregon estimated pmts (made for / in 2016)
- Yes _____ Oregon balance due (ANY year) paid in 2016
- Yes _____ Real Estate Tax (residence/Investment property)
- Yes _____ Personal property Tax (Mobile home, boat etc)
- Yes _____ State Sales Taxes

INTEREST

- Yes _____ **Purchase, Sell or Refinance a home? Bring FINAL Closing Disclosure**
- Yes _____ Home Mortgage Interest
- Yes _____ Home Mortgage Insurance
- Yes _____ Is any Home Mortgage Interest óEquity Debtó?
- Yes _____ RV or Boat Interest (must have Kitchen and Toilet Facilities)
- Yes _____ Investment Interest:
 - Margin Accounts - Investment property

CONTRIBUTIONS

- Yes _____ Cash/Check (Proof Reqød):
 - Church - School
 - United Way - Humane Society
 - Boy/Girl Scouts - Other
- Yes _____ **HAVE CANCELLED CK/RECEIPT**
- Yes _____ Volunteer Miles Driven: _____
- Yes _____ Other than Cash (Stuff):
 - Salvation Army - Church
 - ARC - Cerebral Palsy
 - Goodwill - Veterans

Get receipts AND have a priced itemized list!!!
Price list available at www.salvationarmyusa.org, www.goodwill.org or our website

CASUALTY OR THEFT

- Yes _____ Do you have a casualty loss or theft?
- Yes _____ Could you have been reimbursed by insurance?

MISC. ITEMIZED DEDUCTIONS

- Yes _____ Tax preparation fees (Prorate to Schedule C, etc.)
- Yes _____ Attorney fees to protect an income producing asset
- Yes _____ Safety deposit box
- Yes _____ Investment expense (not seminars)
- Yes _____ Appraisal fees: Casualty / Charity
- Yes _____ Hobby expenses (limited to hobby income)
- Yes _____ Job seeking expense / employment agency fees
- Yes _____ Gambling losses (to extent of winnings)
- Yes _____ Impairment related work expenses

Employee Work Expenses:

- Yes _____ Employee required medical examination
- Yes _____ Employeeø office-in-home if required by employer
- Yes _____ Professional license or dues
- Yes _____ Employeeø continuing education
- Yes _____ Small tools (expendable)
- Yes _____ Unreimbursed Expenses for W-2 Job
- Yes _____ Union Dues
- Yes _____ Uniforms and cleaning
- Yes _____ Safety equipment
- Yes _____ Business % of Cell Phone _____
- Yes _____ Depreciation allowance for employeeø tools
- Yes _____ Subscriptions to professional journals
- Yes _____ **Employee Business mileage must have:**

Total Miles driven during year _____

Business Miles driven during year _____

Commute (to/from W2 job) driven during year _____

Auto Description _____

Date in service _____

(MUST HAVE WRITTEN PROOF OF MILEAGE TAKEN AND TOTAL DRIVEN)

Direct Deposit Info:

Bank Name _____

Routing Number _____

Account Number _____

Checking _____ Savings _____

QUESTIONS AND NOTES:
