

Dividends Received			Interest Received		
H/W	Payor	Amount	H/W	Payor	Amount

Estimated Tax Paid

Taxes applied from last year's return

Apr ____, 2016

Jun ____, 2016

Sep ____, 2016

Jan ____, 2017

Total amount paid or applied

Federal _____

Federal _____

Federal _____

Federal _____

Federal _____

Federal _____

State _____

State _____

State _____

State _____

State _____

State _____

PERSONAL DEDUCTIONS

MEDICAL	AMOUNT
Prescriptions	_____
Health Insurance	_____
Long Term Disability	_____
X-rays	_____
Laboratory	_____
Eyeglasses	_____
Hearing Aids	_____
Prosthetics	_____
Ambulatory aids	_____
Other	_____

Outpatient Clinics	_____
Hospitals	_____
Professional Services	_____
Doctors	_____
Dentists	_____
Optometrist	_____
Chiropractor	_____
Other	_____
Other	_____
Other	_____
Other	_____
Other	_____

Medical Mileage (19 cents)	_____

Insurance Reimbursed —	_____

Total Medical to claim	\$ _____

CONTRIBUTIONS	AMOUNT
Church	_____
American Red Cross	_____
United Fund	_____
Boy/Girl Scouts	_____
Diabetes Fund	_____
American Cancer	_____
Heart Association	_____
Multiple Sclerosis	_____
March of Dimes	_____
Salvation Army	_____
Good Will	_____
Other	_____
Other	_____
Value of Clothing	_____
Mileage *Church	_____
Mileage *Other	_____
Total	\$ _____
INTEREST PAID	AMOUNT
Mortgage Interest Paid	_____
2nd Mortgage Interest Pd	_____
Person you paid Self Financing	_____
Name _____	
Social Security # _____	
Third Party	_____
Other	_____
Points Paid (Financing)	_____
Points Paid (Refinancing)	_____
Total	\$ _____

TAXES	AMOUNT
Real Estate Tax	_____
Personal Property	_____
Other	_____
Other	_____
Total	\$ _____
MISCELLANEOUS	AMOUNT
Tax Return Preparation	_____
Union Dues	_____
Uniforms/Tools	_____
Professional Dues	_____
Technical Subs	_____
Employee Req'd Class	_____
Investment Fees	_____
Other	_____
Other	_____
Total	\$ _____
CASUALTY LOSS	AMOUNT
Fire	_____
Theft	_____
Storm (Which Hurricane)	_____
Flood	_____
Earthquake	_____
Vandalism	_____
Total	\$ _____

ACCOUNTING HOUSE

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