



The Life Financial Group, Inc.

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Wealth Management from a Biblical World View since 1978

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Schedule "A" Worksheet

{Please provide the following information for your Schedule A}

Medical & Dental Expenses:

- ▶ Prescription Cost \$ _____ Supplemental Ins Premium \$ _____
- ▶ Medicare Insurance \$ _____ Long Term Care Insurance \$ _____
- ▶ Doctor/Dentist, etc. \$ _____ Hospital, Clinics, etc. \$ _____
- ▶ Lab & X-Ray Fees \$ _____ Exp. for Long Term Care \$ _____
- ▶ Eyeglasses & Contacts \$ _____ Medical Equipment/Supplies \$ _____
- ▶ Medical Miles: # _____

Taxes You Paid:

- ▶ Real Estate Taxes \$ _____ EMS Tax \$ _____
- ▶ Previous Year State Tax \$ _____ Previous Year Local Tax \$ _____

Interest You Paid:

- ▶ 1st Mortgage Interest \$ _____ 2nd Mortgage Interest \$ _____
- ▶ Points Paid \$ _____ (on Purchase or Refinance/ include settlement sheet)
- ▶ Private Mortgage:
 - Lender's Name/Address & Tax ID (social security number)
 - Amount of Mortgage Interest Paid: \$ _____

Gifts to Charity:

- ▶ Cash/Check Donations: \$ _____
**Must have receipts from Non-Profit to claim deduction.
- ▶ Non Cash Donations: (Goodwill, Salvation Army, etc.)
 - Need to send in receipts: Must have name/address and amount and description of donation.

Miscellaneous Deductions:

- ▶ Unreimbursed Employee Expenses:
 - Union Dues \$ _____ Uniforms \$ _____
 - Education \$ _____ Supplies \$ _____
 - Mileage: # _____ OPT Tax \$ _____
- ▶ Tax Preparation Fees \$ _____ IRA annual Fee \$ _____
- ▶ Safety Deposit Box \$ _____ Advisory Fees \$ _____