**L&A | LAVIN & ASSOCIATES**

**Name:** _____          **Year:** _____

**Medical & Dental:**

| | |
|---|---|
| DR......................................... | $_____ |
| Operations................................ | $_____ |
| Prescription Drugs....................... | $_____ |
| Medical/Dental Insurance................ | $_____ |
| Long Term Care Insurance............... | $_____ |
| Hospital & Emergency................... $_____ | |
| Lab & X-ray............................... | $_____ |
| Visiting Nurse/In-Home Care.......... | $_____ |
| Dental..................................... | $_____ |
| Dentures & Braces....................... | $_____ |
| Glasses & Contact Lenses............... | $_____ |
| Supplies.............................. | $_____ |
| Hearing Aids & Batteries................. | $_____ |
| Orthopedic Shoes........................ | $_____ |
| Therapy Treatments..................... | $_____ |
| Canes/Crutches/Braces................. | $_____ |
| Wheelchairs.............................. | $_____ |
| On Doctor's Advice | |
| Air Conditioning................... | $_____ |
| Vaporizers........................... | $_____ |
| Thermometers & Bandages.... | $_____ |
| Other................................ | $_____ |
| Medical Miles Driven..................... | $_____ |
| Other Medical Transportation.......... | $_____ |

**Contributions:**

| | |
|---|---|
| Church...............................$ _____ | |
| College...............................$ _____ | |
| United Way..........................$ _____ | |
| March of Dimes.....................$ _____ | |
| CFC....................................$ _____ | |
| Other.................................$ _____ | |
| Value of furniture or clothing | |
| given to...........................$ _____ | |
| ...........................................$ _____ | |
| **Volunteer work expenses:** | |
| Church, Scouts, School, etc...............$ _____ | |
| Auto Miles Driven...........................$ _____ | |

**Taxes:**

| | |
|---|---|
| Real Estate Tax........................$_____ | |
| Personal Property Tax...............$ _____ | |
| State Income Tax......................$ _____ | |
| ............................................ $ _____ | |

**Interest Paid:**

| | |
|---|---|
| Home Mortgage Interest..........$_____ | |
| 2nd Mortgage/Home Equity....$ _____ | |
| Home Mortgage to Individual..$_____ | |
| Name | |
| Address | |
| Points Paid at Closing..............$ _____ | |
| Investment Interest................  $ _____ | |

**Casualty Losses:**          Accident, Fire, Theft and
Natural Disasters..................................$ _____

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**Miscellaneous and Employee Business Expenses:**

| | | | |
|---|---|---|---|
| Uniform/Uniform Cleaning............... | $_____ | Job Search Costs.................................. | $ _____ |
| Work Tools................................. | $_____ | Sales/Entertainment........................... | $ _____ |
| Union dues................................ | $_____ | Office-in-Home Expense...................... | $ _____ |
| Safety Shoes & Gloves......................... | $_____ | Business Travel................................. | $ _____ |
| Tax Return Preparation Fee............... | $_____ | Out of Town/Temporary..................... | $ _____ |
| Safe Deposit Box Rental..................... | $_____ | Vehicle Use (Auto, Truck) Miles........ | $ _____ |
| Investment Expenses........................ | $_____ | for Work (Non-Commute).................... | $ _____ |
| Teacher/School Supplies.................... | $_____ | Miles Driven to 2nd job...................... | $ _____ |

**Self-Employed Business Expenses:**

| | | | |
|---|---|---|---|
| Advertising................................ | $_____ | Repairs & Maintenance.......... | $ _____ |
| Car & Truck Expenses....................... | $_____ | Supplies.................................... | $ _____ |
| Attorney & Accounting Fees............. | $_____ | Taxes & Licenses..................... | $ _____ |
| Office Expenses............................ | $_____ | Travel...................................... | $ _____ |
| Rent or Lease Payments..................... | $_____ | Meals...................................... | $ _____ |
| Utilities/Telephone.......................... | $_____ | Other unreimbursed employee expense $_____ | |

**Education Expenses:**

| | | | |
|---|---|---|---|
| Student Loan Interest.......................... | $_____ | Provider's SSN/EIN | |
| Post-secondary, Tuition & fees.......... | $_____ | Amount Paid to Provider........ | $ _____ |