



Tax For Jax

Schedule A Certification

Medical Expenses	\$ _____	Uniform Cleaning	\$ _____
Prescriptions	\$ _____	Work Tools	\$ _____
Medical Insurances	\$ _____	Union Dues	\$ _____
Dental	\$ _____	Safety Shoes Gloves	\$ _____
Glasses / Contacts	\$ _____	Tax Return Preparation	\$ _____
Medical Miles Driven	\$ _____	Safe Deposit Box	\$ _____
Charitable Contributions Cash	\$ _____	Investment Expenses	\$ _____
Household Items Donated	\$ _____	Education Expenses	\$ _____
Charitable Miles Driven	\$ _____	Business Travel	\$ _____
State Taxes Paid	\$ _____	Vehicle Use, Miles	\$ _____
Real Estate Taxes Paid	\$ _____	For Work (non commute)	\$ _____
Personal Property Tax	\$ _____	Miles driven to 2nd job	\$ _____
Mortgage Interest	\$ _____	Student Loan Interest	\$ _____
Points Paid at Closing	\$ _____	Post-Secondary, Tuition & Fees	\$ _____
Casualty Losses, Accident, Fire	\$ _____	Other	\$ _____

I, _____, certify that all the above information given to the tax preparer to prepare my income tax return is accurate and true to the best of my knowledge.

Tax Payer Signature _____ Date: _____

Joint Tax Payer Signature _____ Date: _____