APLG TAXES

SCHEDULE A ORGANIZER - ITEMIZED DEDUCTIONS

918-955-2789 | NATIONWIDE - IN-PERSON - REMOTE TAXES

Tax Year: _____ **Taxpayer:** _____ **Spouse:** _____

MEDICAL & DENTAL EXPENSES

DESCRIPTION	AMOUNT
Prescriptions	$ _____
Doctors	$ _____
Dentists	$ _____
Hospitals	$ _____
Vision Care	$ _____
Health Insurance Premiums	$ _____
Long-Term Care Insurance	$ _____
Medical Mileage	_____ miles
Other Medical Expenses	$ _____

TAXES PAID

DESCRIPTION	AMOUNT
State Income Tax	$ _____
Real Estate Taxes	$ _____
Personal Property Taxes	$ _____

MORTGAGE INTEREST

DESCRIPTION	AMOUNT
Mortgage Interest (Form 1098)	$ _____
Mortgage Insurance	$ _____
Investment Interest	$ _____

CHARITABLE CONTRIBUTIONS

DESCRIPTION	AMOUNT
Charity Cash Donations	$ _____
Charity Donations (Not Cash)	$ _____

OTHER ITEMIZED DEDUCTIONS

DESCRIPTION	AMOUNT
Gambling Losses	$ _____
Other Itemized Deduction	$ _____

ESTIMATED TAX PAYMENTS

PAYMENT	FEDERAL	STATE
Prior Year Applied	$ _____	$ _____
1st Quarter	$ _____	$ _____
2nd Quarter	$ _____	$ _____
3rd Quarter	$ _____	$ _____
4th Quarter	$ _____	$ _____
Extension Payment	$ _____	$ _____

PLEASE ATTACH OR INCLUDE, IF APPLICABLE

☐ Forms 1098	☐ Property Tax Statements	☐ Medical Expense Records
☐ Charitable Donation Records	☐ Estimated Tax Payment Receipts	☐ Gambling Winnings/Loss Records