

PERSONAL TAX DEDUCTIONS

NAME _____ YEAR _____

Please indicate the amount of deductions for which if you or your spouse qualify:

DONATIONS

Cash/ check donations (< \$250.00 each time) \$ _____
Donations (> \$250.00 at one time)..... \$ _____
Donation of properties (Value)..... \$ _____
..... \$ _____
..... \$ _____

DEDUCTIONS WITH LIMITATION

Medical expenses (>7.5% AGI) \$ _____
Casualty / Theft losses (>10% AGI)..... \$ _____
Investment expenses (> investment income) \$ _____
..... \$ _____
Un-reimbursed employee expenses (>2% AGI) .. \$ _____
..... \$ _____
..... \$ _____
..... \$ _____
..... \$ _____
Other expenses (>2%) \$ _____
..... \$ _____
..... \$ _____
..... \$ _____
Tax service fee..... \$ _____
..... \$ _____
Others..... \$ _____
..... \$ _____
..... \$ _____

I (We) certify the above deductions are true and correct to the best of my knowledge and records.

Taxpayer 's Signature

Date

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