

**SCHEDULE A DEDUCTIONS**



12631 Imperial Highway, Suite B-200  
 Santa Fe Springs, CA 90670  
[info@getreliantconsulting.com](mailto:info@getreliantconsulting.com)  
 Telephone: (562) 863-2530

**MEDICAL AND DENTAL FEES**

Medial Insurance Premiums  
 Doctor Fees  
 Prescription Drugs  
 Hospital Fees

**\$ Amount**


Dental Fees/Premiums  
 Eyewear and Contacts  
 Medical Equipment  
 Other Medical Expenses

**\$ Amount**


**TAXES YOU PAID**

State and Local Income Taxes  
 Real Estate Property Taxes  
 DMV Registration Fees  
 Other Personal Property Taxes  
 Sales Tax Paid \*


*\* Only for States with no income tax (i.e., Texas, Florida, Nevada, Alaska, South Dakota, Washington and Wyoming)*

**INTEREST YOU PAID**

Bank Mortgage Interest Paid  
 Points Paid  
 Property Mortgage Insurance (PMI)


**GIFTS TO CHARITY**

Charitable Contributions Cash  
 Donations of Tangible Property


**MOVING EXPENSES**

--

**UNREIMBURSED BUSINESS EXPENSE (STATE ONLY)**

Mobile Phone Service  
 Internet Service  
 Meals and Entertainment  
 Gifts  
 Travel  
 Education  
 Supplies and Equipment


Home Office: Rent  
 Business Use-sq ft  
 Home total-sq ft  
 Utilities (water, gas, electricity)  
 Mileage: Total  
           Business  
 Actual Car Expense


**MISCELLANEOUS EXPENSES (STATE ONLY)**

Union Dues  
 Tools  
 Uniforms/Protective Clothing  
 Legal Fees


Tax Preparation Fees  
 Investment Consultant Fees  
 Deposit Boxes  
 Other Expenses:


PRINT NAME: \_\_\_\_\_ SIGN & DATE\* \_\_\_\_\_

*\* I acknowledge that the amounts listed on this form are accurate and correct.*