



**JOHNSON &
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ITEMIZED DEDUCTION

TAXES

REAL ESTATE TAX.....\$ _____
TAXABLE VALUE-HOMESTEAD...\$ _____
SUPPLEMENTAL TAX.....\$ _____
MELL-RUSS.....\$ _____
LICENSE PLATE FEE.....\$ _____

CONTRIBUTIONS

CHURCH.....\$ _____
CHARITIES.....\$ _____
CHARITY MILEAGE....._____

MISCELLANEOUS

TAX PREPARATION FEE.....\$ _____
SAFE DEPOSIT.....\$ _____
IRA DEPOSIT.....\$ _____
SEP DEPOSIT.....\$ _____

INTEREST:

HOME MORTGAGE 1st.....\$ _____
HOME MORTGAGE 2nd.....\$ _____
LAND CONTRACT.....\$ _____
2nd HOME.....\$ _____
DENTIST.....\$ _____
INVESTMENT INTEREST.....\$ _____

*IF YOU PAYED INTEREST TO AN INDIVIDUAL:

NAME: _____

ADDRESS: _____

SSN#: _____

MEDICAL EXPENSES:

PRESCRIPTION DRUGS.....\$ _____
HEALTH INS. PREMIUM.....\$ _____
DENTAL INS. PREMIUM.....\$ _____
DOCTOR.....\$ _____
DENTIST.....\$ _____
OPTOMETRY.....\$ _____
HOSPITAL/LAB/X-RAY.....\$ _____
MILEAGE.....\$ _____

TRAVEL FOR WORK

CELL PHONE.....\$ _____
UNIFORMS.....\$ _____
DRYCLEANING.....\$ _____
TOLLS/FAST-TRACK.....\$ _____
UNION DUES.....\$ _____
WORK SUPPLIES.....\$ _____
PROFESSIONAL DUES.....\$ _____
SAFETY EQUIPMENT.....\$ _____
WORK TOOLS.....\$ _____
MILES....._____

BABYSITTER'S INFO

NAME: _____

ADDRESS: _____

SSN or EIN#: _____

PHONE: _____

I affirm that all the information I have furnished is accurate to the best of my understanding
