Grant Taxes, LLC

Tax Year: _____

Name _____

SSN: _____

Expense Category	Amount	Expense Category	Amount
Medical Expenses	$	Other (describe):	$
Prescriptions	$	Other (describe):	$
Medical Insurance	$	Other (describe):	$
Dental	$	Other (describe):	$
Glasses/Contacts	$	Other (describe):	$
Charatible Contributions	$	Other (describe):	$
State taxes paid	$	Other (describe):	$
Real estate taxes paid	$	Other (describe):	$
Personal property taxes paid	$	Other (describe):	$
Uniform cleaning	$	Other (describe):	$
Work tools	$	Other (describe):	$
Union Dues	$	Other (describe):	$
Safety Equipment	$	Other (describe):	$
Tax return preparation fees	$	Other (describe):	$
Safe deposit box	$	Other (describe):	$
Education expenses	$	Other (describe):	$
Business travel	$	Other (describe):	$
Household items donated	$	Other (describe):	$
Casualty losses	$	Other (describe):	$
Investment Expenses	$	Other (describe):	$

I hereby certify that all information provided to the tax preparer for the purpose of completing my tax return is true, correct, and complete to the best of my knowledge.

Print Name: _____

Signature: _____ **Date:** _____