



Grant Taxes, LLC

Granting professional tax & accounting services

Medical Expenses	\$ _____	Uniform Cleaning	\$ _____
Prescriptions	\$ _____	Work Tools	\$ _____
Medical Insurance	\$ _____	Union Dues	\$ _____
Dental	\$ _____	Safety Equipment	\$ _____
Glasses/Contacts	\$ _____	Tax Return Preparation Fees	\$ _____
Medical Miles Driven	\$ _____	Safe Deposit Box	\$ _____
Charitable Contributions	\$ _____	Education Expenses	\$ _____
Charitable Miles Driven	\$ _____	Business Travel	\$ _____
State Taxes Paid	\$ _____	Household Items Donated	\$ _____
Real Estate Taxes Paid	\$ _____	Casualty Losses	\$ _____
Personal Property Tax	\$ _____	Investment Expenses	\$ _____
		Other (Explain)	

I certify that all of the above information given to the tax preparer to complete my tax return is true and accurate to the best of my knowledge

Signature: _____

Date: _____

