

Did you receive the first Economic Impact (stimulus) Payment (recv'd 2020)?

Yes___ or No___ (CHECK ONE)

Amount received \$ _____

Did you receive the second Economic Impact (stimulus) Payment (Jan 2021)?

Yes___ or No___ (CHECK ONE)

Amount received \$ _____

WE DO NOT NEED RECEIPTS

KEEP RECEIPTS FOR YOUR RECORDS

	YOU	SPOUSE
Medical Summary	Amount	Amount
Health Insurance Premiums	\$	\$
Out of pocket co-pays (not including pretax ie: HSA, MSA, FSA)	\$	\$
Prescriptions	\$	\$
Medical Parking, tolls, hotels	\$	\$
Medical Miles Driven		
Tax Summary	Amount	Amount
Sales Tax - major purchases (vehicle? Appliance?)	\$	\$
Real Estate Taxes	\$	\$
State (paid with 2019 return in 2020)	\$	\$
Local (paid with 2019 return in 2020)	\$	\$
Total Charity	Amount	Amount
Check or Cash Contributions	\$	\$
Non cash Contributions	\$	\$

Estimated Payments:

IRS (due dates)	Amount	Date	Check#
Q1 (7/15/2020)	\$		
Q2 (7/15/2020)	\$		
Q3 (9/15/2020)	\$		
Q4 (1/15/2021)	\$		
PA (due dates)	Amount	Date	Check#
Q1 (7/15/2020)	\$		
Q2 (7/15/2020)	\$		
Q3 (9/15/2020)	\$		
Q4 (1/15/2021)	\$		
Local (due dates)	Amount	Date	Check#
Q1 (7/15/2020)	\$		
Q2 (7/15/2020)	\$		
Q3 (9/15/2020)	\$		
Q4 (1/15/2021)	\$		