

# Taxes

Year: \_\_\_\_\_

Real Estate: \_\_\_\_\_

Automobile: \_\_\_\_\_

Medical (Out of Pocket): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Donations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Income: \_\_\_\_\_

Tax Prep: \_\_\_\_\_

Other: \_\_\_\_\_

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