



Universal Holy Family

323 South Bendix - South Bend, IN 46619
Office (574)287-0300 - Fax (574) 2874887

"You're only a stranger
once, then you're family!"

Name _____ Address _____
Phone _____

DEDUCTION LIST

MEDICAL & DENTAL

DOCTOR \$ _____
DOCTOR \$ _____
DOCTOR \$ _____
DOCTOR \$ _____
PRESCRIPTION DRUGS \$ _____
HOSPITAL INSURANCE \$ _____
HOSPITAL & EMERGENCY \$ _____
LAB & X RAY \$ _____
NURSES \$ _____
DENTAL \$ _____
DENTURES \$ _____
GLASSES & CONTACT LENSES \$ _____
HEARING AIDS & BATTERIES \$ _____
ORTHOPEDIC SHOES \$ _____
THERAPY TREATMENT \$ _____
CANES/CRUTCHES/BRACES \$ _____
WHEEL CHAIRS \$ _____

ON DOCTORS ADVICE

AIR CONDITIONING \$ _____
VAPORIZERS \$ _____
THERMOMETERS & BANDAGES \$ _____
OTHER \$ _____
MEDICA MILES DRIVEN \$ _____
OTHER MEDICAL TRANSPORTATION \$ _____

TAXES

REAL ESTATE TAX \$ _____
PERSONAL PROPERTY TAX \$ _____
STATE INCOME TAX \$ _____
VEHICLE REGISTRATION & PLATES \$ _____

CASUALTY LOSSES

ACCIDENT, FIRE & THEFT \$ _____

MISCELLANEOUS AND EMPLOYEE BUSINESS EXPENSES

UNION DUES _____
SAFETY SHOES & GLOVES _____
TAX RETURN PREPARATION FEES _____
SAFE DEPOSIT BOX _____
INVESTMENT EXPENSES _____
EDUCATION EXPENSES _____
UNIFORM CLEANING _____
WORK TOOLS _____

CONTRIBUTIONS

CHURCH \$ _____
CHURCH \$ _____
COLLEGE \$ _____
UNITED WAY \$ _____
MARCH OF DIMES \$ _____
HEART FUND \$ _____
SEALS- CHRISTMAS & EASTER \$ _____
CANCER SOCIETY \$ _____
RED CROSS \$ _____
MUSCULAR DYSTROPHY \$ _____
CARE \$ _____
MENTAL RETARDATION \$ _____
SALVATION ARMY \$ _____
YMCA, YWCA \$ _____
MULTIPLE SCLEROSIS \$ _____
CRIPPLED CHILDREN \$ _____
CEREBRAL PALSY \$ _____

GOODWILL/SALVATION ARMY \$ _____
VOLUNTEER WORK EXPENSES \$ _____
CHURCH, SCOUTS, ETC \$ _____
AUTO MILES DRIVEN \$ _____
OTHER \$ _____

INTEREST PAID

HOME MORTGAGE INTEREST \$ _____
2nd MORTGAGE/HOME EQUITY \$ _____
HOME MORTGAGE TO INDIVIDUAL \$ _____
NAME _____ SSN _____
ADDRESS _____

POINTS PAID AT CLOSING \$ _____
INVESTMENT INTEREST \$ _____

EMPLOYMENT/JOB SEEKING FEES _____
SALES/ENTERTAINMENT _____
OFFICE-IN-HOME EXPENSES _____
BUSINESS TRAVEL _____
OUT OF TOWN/TEMPORARY _____
VEHICLE USE (AUTO,TRUCK) MILES _____
FOR WORK (NOT COMMUTE) _____
2ND JOB _____

CHILD CARE INFORMATION

PROVIDERS NAME _____ PROVIDERS SSN/EIN _____
PROVIDERS ADDRESS _____ AMOUNT PAID TO PROVIDER _____

REMEMBER... God wants us to be rich!