

# Individual Tax Deduction Report

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## Personal Information

Full Name

Tax Identification Number

Tax Year

Address

Phone Number

Email

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## Deduction Details

| Deduction Type         | Description | Amount | Date |
|------------------------|-------------|--------|------|
| E.g., Medical Expenses | Details     |        |      |
|                        |             |        |      |
|                        |             |        |      |
| Total Deduction        |             |        |      |

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## Declaration

I hereby declare that the information provided above is true, correct, and complete to the best of my knowledge and belief.

Name

Signature

Date

