



Itemized Deductions Worksheet

(Remember to keep your receipts for your deductions!)

Medical:

Health Insurance	\$ _____	Long Term Care Insurance	\$ _____
Doctor	\$ _____	Doctor (Other)	\$ _____
Dentist	\$ _____	Operations	\$ _____
Prescriptions	\$ _____	Prescription clothing	\$ _____
Hospital	\$ _____	Ambulance/ Emergency	\$ _____
Dental Insurance	\$ _____	Dentures/ Braces	\$ _____
Glasses/Contact Lenses	\$ _____	Hearing Aids & batteries	\$ _____
Items purchased on Doctor's advice (please specify)	_____		\$ _____
Medical Miles driven	_____	Other Medical Transportation	\$ _____

Taxes Paid:

Real Estate Tax (Home)	\$ _____	Real Estate Tax (Second Home)	\$ _____
Personal property Tax	\$ _____	State Income Tax	\$ _____
Interest Paid:			
Home Mortgage Interest	\$ _____	Second Mortgage	\$ _____
Home Mortgage paid to Individual (please provide name, address, SSN)	_____		
Points	\$ _____	Closing papers	\$ _____
Investment interest	\$ _____		

Contributions:

Cash contributions	\$ _____		
Non-cash contributions (please specify, incl. value)	_____		\$ _____

Casualty & Theft Losses:

Casualty date	_____	Kind of property	_____
FMV (before)	\$ _____	Cost/ Improvements	\$ _____
		FMV	\$ _____

Investment Expenses:

Tax preparation Fees	\$ _____	Safe Deposit Box	\$ _____
IRA Fees	\$ _____	Journals/Subscriptions	\$ _____

Employee Business Expenses:

Uniform cost/cleaning	\$ _____	Union Dues	\$ _____
Work Tools& Equipment- Depr.	\$ _____	Safety Equipment	\$ _____
Job Seeking Fees	\$ _____	Office- in- Home Expenses	\$ _____
Business Travel	\$ _____	Vehicle Use	\$ _____
Miles driven to second job	_____	Other	\$ _____

Education Expenses:

Student Loan Interest (please provide records incl. Providers SSN/EIN)			\$ _____
Tuition & Fees	\$ _____	Other	\$ _____

Information provided by _____

Date _____