

Name: _____

ITEMIZED DEDUCTIONS

YR _____

MEDICAL & DENTAL DEDUCTIONS: (Do not include any reimbursed or pre-taxed amounts)

Doctors/Dentists/etc.	\$ _____	Number of miles driven
Hospitals/Emergency Rooms/etc.	\$ _____	for medical purposes:
Eyeglasses/Contacts/Hearing Aids	\$ _____	_____
Qualified Nursing Home Expense	\$ _____	
Health/Drug Insurance Premiums	\$ _____	Cost of lodging for
Medicare Ins./See Form 1099-SSA	\$ _____	medical purposes:
Medicare Part D	\$ _____	\$ _____
Nursing Home Ins. – Taxpayer	\$ _____	
Nursing Home Ins. – Spouse	\$ _____	
Prescription Medicine & Insulin	\$ _____	

TAXES:

State & Local Income Tax (adj) \$ _____

Real Estate: Home \$ _____ Other \$ _____

Personal Property and Sales Tax paid on vehicles, boats, airplanes, motor homes.

<u>Yr/Make/Model</u>	<u>Personal Property Tax</u>	<u>Sales Tax</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

INTEREST EXPENSE:

(Caution: consumer interest-credit cards, auto loans- is generally not deductible)

Home Mortgage: **(If paid to a financial institution)**

First Mortgage	\$ _____	Second Mortgage	\$ _____
Home Equity Loan	\$ _____	"Points" Paid	\$ _____
		MIP	\$ _____

Home Mortgage: **(If paid to a person)**

Name of Person(s)	_____	SSN	_____ - _____ - _____
Address	_____	Amount	\$ _____
Investment (Margin) Interest: Paid To:	_____	Amount	\$ _____

CHARITABLE CONTRIBUTIONS: (must keep receipts)

\$ _____ (cash/checks) churches, Red Cross, Am Cancer Society, food pantries, etc

\$ _____ *Value of donated property (Goodwill, etc.)

*If the value of donated property is more than \$500, you must include the name & address of the Donee organization along with description of donated property.

Name & Address of Donee Organization _____

Description of Donated Property _____

Date of Contribution _____ Original Cost _____ Fair Market Value _____

Miles Driven for Charitable Purposes _____

EMPLOYEE BUSINESS EXPENSES & MISCELLANEOUS OTHER INFORMATION:

(These items are subject to 2% of your adjusted gross income.)

Union & Professional Dues \$ _____ Job Hunting Expense \$ _____

Tax Preparation Fee \$ _____ Airfare & Lodging \$ _____

Professional Subscriptions \$ _____ Meals/Entertainment \$ _____

Safe Deposit Box \$ _____ Travel Away From Home # _____ Days

Uniforms/Protective Clothes \$ _____ Work Related Mileage # _____ Miles

Work Tools/Supplies \$ _____ Continuing Education \$ _____

Estate Taxes/Inv Exp \$ _____ Education Mileage # _____ Miles

(These items are not subject to 2% of your adjusted gross income.)

Gambling Losses (Limited) \$ _____

Teachers Classroom Exp \$ _____

CASUALTY LOSS:

Did you have a casualty loss such as those caused by theft, vandalism, fire, storm or similar causes which were not covered by insurance this past year? Describe:

NOTES & QUESTIONS: