

# Itemized Deductions Worksheet

**You will need:**

Tax information documents (Receipts, Statements, Invoices, Vouchers) for your own records. Otherwise, reporting total figures on this form indicates your acknowledgement that such figures are accurate and that you vouch for their accuracy as reported on your Federal and/or State return.

## General Taxpayer Information

Name		SSN		DoB	
Primary:		-	-	/	/
Spouse:		-	-	/	/
Address		City		State	ZIP
Phone Number			E-Mail		
Filing Status (Select one)					
Single		Married, Joint		Head of Household	
				Married, Separate	
				Qualifying Widow(er)	

*Separate filers, please include spouse information in the spaces above!*

## Medical and Dental Expenses

Type of Deduction	Amount	Type of Deduction	Amount
Insurance Premiums Paid		Nursing Help/Assistance	
Prescription Medicines		Hospital Care	
Doctor* Visits		Qualified Long-Term Care	
Medical Examinations		Medicare Part B	
Diagnostic Tests		Medicare Part D	
Anti-Smoking Programs		Lodging for Medical Purposes	
Prescribed Weight Loss Prg.		Medical Mileage (23 cents/mile)	
Medical aids and devices		Other Medical Expenses	

\*Doctor includes Acupuncturists, chiropractors, dentists, eye doctors, medical doctors, occupational therapists, osteopathic doctors, physical therapists, podiatrists, psychiatrists, psychoanalysts (medical care only), and psychologists.

Notes: \_\_\_\_\_  
 \_\_\_\_\_

## Taxes Paid

Type of Deduction	Amount	Type of Deduction	Amount
State/Local Income Taxes		Foreign Income Taxes Paid	
General Sales Tax		Personal Property Taxes	
Real Estate Taxes (Residence)		Sales Tax on Large Purchases	
Real Estate Taxes (Investment)		Other Taxes Paid	
Real Estate Taxes (Foreign)			

Notes: \_\_\_\_\_  
 \_\_\_\_\_

## Interest

Type of Deduction	Amount	Type of Deduction	Amount
Home Mortgage (with 1098)		Mortgage Insurance Premiums	
Home Mortgage (no 1098)		Investment Interest Expense	
Mortgage Points (no 1098)		Other Deductible Interest	

Notes: \_\_\_\_\_

## Charitable Contributions

Type of Deduction	Amount	Type of Deduction	Amount
Gifts by Cash or Check		Gifts Not by Cash or Check**	

\* Gifts to Charitable organizations of all types in excess of \$250 must be accompanied by a statement from the organization that needs to be kept by the taxpayer in case the IRS requests it. This must contain the amount of money contributed or a description of the property donated, and indicate what, if any, benefit was received in connection with the donation.

\*\* Gifts not of cash or its equivalent in excess of \$500 must have a completed Form 8283 for each donation attached to the return. This will be completed by the tax preparer and will need information on the organization (address, name), dates (of donation and purchase), the costs (value of donation, method to determine, category of gains treatment, etc.)

Notes: \_\_\_\_\_

## Unreimbursed Employee Expenses\*

Type of Deduction	Amount	Type of Deduction	Amount
Expenses for Taxpayer		Expenses for Spouse (if any)	

\*See Unreimbursed Employee Expenses worksheet to calculate above totals.

## Miscellaneous Expenses\*

Type of Deduction	Amount	Type of Deduction	Amount
Tax Preparation Fees		Schedule K-1 Losses	
Gambling Losses		Federal Estate Tax on Income	
Investment Expenses		Claim of Right repayment(s)	
Safe Deposit Boxes		Unrecovered Pension Investment	
Deductible Legal Fees		Disabled impairment expenses	
Custodial (Investment) Fees		Other (Describe in Notes)	

\* For a full list, ask tax preparer or see the instructions for the Schedule A.

Notes: \_\_\_\_\_

By signing below, myself and my spouse (if applicable) agree that the contents of the above pages are accurate to the best of my/our knowledge, and do not hold the preparer or business liable for any omissions or inaccurate information contained herein:

Name:		Date:	
Name:		Date:	