



## Itemized Deductions Worksheet

<b>Name</b>	<b>SSN</b>	<b>Tax Year</b>

### Medical Expenses

Insurance Premiums \$ \_\_\_\_\_

Co-Payments \$ \_\_\_\_\_

Medicare Part B & D Premiums \$ \_\_\_\_\_

Dentist \$ \_\_\_\_\_

Doctor \$ \_\_\_\_\_

Prescriptions & Insulin \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Medical Mileage \_\_\_\_\_

### Taxes You Paid

General Sales Taxes \$ \_\_\_\_\_

Real Estate Taxes \$ \_\_\_\_\_

Personal Property (DMV) Fees \$ \_\_\_\_\_

Additional States Taxes \$ \_\_\_\_\_

### Interest Expenses

Mortgage Interest (1) \$ \_\_\_\_\_

Mortgage Interest (2) \$ \_\_\_\_\_

Mortgage Insurance \$ \_\_\_\_\_

Points Paid on Original Loan \$ \_\_\_\_\_

Points Paid on Refinance \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

### Gambling Income/Losses

Gambling Income (1099-G) \$ \_\_\_\_\_

Documented Gambling Losses \$ \_\_\_\_\_

### Charitable Contributions

Cash Contributions \$ \_\_\_\_\_

Non-Cash Contributions \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Charitable Mileage \_\_\_\_\_

### Casualty or Theft Loss

Casualty or Theft Loss \$ \_\_\_\_\_

### Job Seeking & Other Misc Expenses

Unreimbursed Job Expenses \$ \_\_\_\_\_

Union/Professional Dues \$ \_\_\_\_\_

Tax Return Preparation Fees \$ \_\_\_\_\_

Cost/Cleaning of Uniforms \$ \_\_\_\_\_

Safe Deposit Box Rental \$ \_\_\_\_\_

Investment Expenses \$ \_\_\_\_\_

### Unreimbursed Job Expenses

Employee Business Expenses \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

DOT Employee (Y/N) \_\_\_\_\_

Auto Actual Expenses \$ \_\_\_\_\_

Business Mileage \_\_\_\_\_

Total Mileage \_\_\_\_\_

Cell Phone \$ \_\_\_\_\_

\_\_\_\_\_ & \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Customer Signature**

**Date**

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