

ITEMIZED DEDUCTIONS WORKSHEET



MEDICAL EXPENSES

Insurance Premiums \$ _____
Co-Payments \$ _____
Medicare D Premiums \$ _____
Dentist\Eye Care \$ _____
Doctor \$ _____
Prescriptions \$ _____
Medical Mileage _____
\$ _____
\$ _____

TAXES PAID

Primary Home RE Taxes \$ _____
Other RE Taxes \$ _____
DMV Fees \$ _____
\$ _____

INTEREST EXPENSES

Mortgage Interest (1) \$ _____
Mortgage Interest (2) \$ _____
Mortgage Insurance \$ _____
Points Paid on Original Loan \$ _____
Points Paid on Refinance \$ _____
\$ _____
\$ _____

GAMBLING INCOME/LOSSES

Gambling Income (1099-G) \$ _____
Documented Gambling Losses \$ _____

CHARITABLE CONTRIBUTIONS

Cash Contributions \$ _____
Non-Cash Contributions \$ _____
Charitable Mileage \$ _____
\$ _____

CASUALTY/THEFT LOSSES (State)

Casualty or Theft Loss \$ _____

JOB SEEKING/MISC EXPENSES (State)

Unreimbursed Job Expenses \$ _____
Union/Professional Dues \$ _____
Tax Return Preparation Fees \$ _____
Cost/Cleaning of Uniforms \$ _____
Safe Deposit Box Rental \$ _____
Investment Expenses \$ _____

UNREIMBURSED JOB EXP (State)

Employee Business Expenses \$ _____
Travel \$ _____
Meals \$ _____
DOT Employee (Y/N) _____
Auto Actual Expenses \$ _____
Business Mileage _____
Total Mileage _____
Cell Phone \$ _____
\$ _____
\$ _____
\$ _____