



Itemized Deductions Worksheet

Tax Year: _____

TAXPAYER _____

SPOUSE _____

Social Security Number _____

Social Security Number _____

MEDICAL & DENTAL (EXPENSES MUST EXCEED 7.5% OF ADJUSTED GROSS INCOME)

\$ _____ PRESCRIPTION MEDICINES, DRUGS & INSULIN
\$ _____ DOCTORS, DENTISTS, NURSES, HOSPITALS
\$ _____ LODGING FOR MEDICAL CARE
_____ OTHER (HEARING AIDS, DENTURES, EYEGASSES, AIR CONDITIONERS & AIR PURIFIERS PURCHASED FOR MEDICAL REASONS)

\$ _____ INSURANCE PREMIUMS
_____ TRANSPORTATION FOR MEDICAL CARE – MILES
_____ × _____

TAXES

\$ _____ ESTIMATED STATE & LOCAL INCOME TAXES PAID IN
_____ FOR _____
\$ _____ SCHOOL, COUNTY & LOCAL REAL ESTATE TAX
\$ _____ OTHER TAXES : DESCRIPTION _____

\$ _____ BALANCE OF STATE & LOCAL INCOME TAX PAID IN
_____ FOR _____
\$ _____ PERSONAL PROPERTY (Vehicles, etc)

INTEREST PAID

\$ _____ HOME MORTGAGES - BANK
\$ _____ INTEREST PAID TO MAINTAIN INVESTMENTS
\$ _____ HOME MORTGAGE – INDIVIDUAL
S.S.N _____
ADDRESS _____

\$ _____ HOME EQUITY LOAN
_____ POINTS NOT REPORTED TO YOU ON FORM AND
PAID IN _____

NAME _____

CASUALTY & THEFT

\$ _____ LOSSES NOT COVERED BY INSURANCE COVERAGE

MOVING EXPENSES

\$ _____ ACTUAL MOVING EXPENSES (TRANSPORTING, ETC.)

_____ NUMBER OF MILES FROM OLD HOME TO OLD JOB
_____ NUMBER OF MILES FROM OLD HOME TO NEW JOB

(IF THE DIFFERENCE IS MORE THAN 50 MILES, YOU CAN DEDUCT MOVING EXPENSES)

MISCELLANEOUS DEDUCTIONS

\$ _____ UNION DUES
\$ _____ PROFESSIONAL BOOKS OR SUBSCRIPTIONS
\$ _____ BOOK & SUPPLIES TO KEEP TAX RECORDS
\$ _____ MILEAGE TO TAX PREPARER
\$ _____ WORK UNIFORMS
\$ _____ WORK TOOLS (SCISSORS, FLASHLIGHTS, ETC)

\$ _____ PROFESSIONAL DUES & LICENSES
\$ _____ CONTINUING EDUCATION
\$ _____ TAX RETURN PREPARATION FEE
\$ _____ SAFE DEPOSIT BOX
\$ _____ LAUNDRY/UNIFORMS
\$ _____ SAFETY EQUIPMENT (SHOES, GLOVES, GLASSES, ETC)

INITIAL: _____

