

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

(Must exceed 7.5% of Adjusted Gross Income)

Net amount paid by you -- NOT PRETAX

Medical Insurance Premiums: Payroll Deduction	
Paid directly by you	
Medicare B/D deducted from Social Security	
Dental Insurance	
Long Term Care Insurance	
	Mileage
Alcohol or Drug Addiction Therapy	
Ambulance	
Anesthesiology	
Child Birth Class	
Doctors, Dentists, Chiropractors, etc.	
Eye Glasses, Contact Lenses, Exams	
Hearing Aid, Batteries, Repairs	
Hospitals	
Insulin	
Laser eye surgery	
Lodging (limited to \$50/day per person)	
Parking	
Prescribed Medical Attire (support hose, shoes, etc.)	
Prescribed Medical Equip: Cost/Rental	
Prescribed weight loss program	
Prescriptions (not over-the-counter)	
Required nursing home care	
Special Schooling for Mentally or Physically Handicapped	
Other	

TAXES

Real Estate: Home	
2nd Home	
Other	
Personal Property	
Auto / Truck Tabs	
Sales Tax on New Vehicle	
Other Sales Tax Paid (from receipts)	

INTEREST

Home Mortgage (paid to financial institution) Bring in Form(s) 1098	
Home Mortgage (paid to individual) List Name, Social Security Number & Address	
2nd Home Mortgage (paid to financial institution)	
2nd Home Mortgage (paid to individual) List Name, Social Security Number & Address	
Home Equity Loan: Bring in Form(s) 1098	
Points (bring closing papers if purchased this yr.)	
Mortgage insurance paid (2007 or later purchase)	
Have you refinanced above properties this year? If yes, bring closing papers.	
Investment Interest (provide details)	

CONTRIBUTIONS

Receipts from the charity are required.

A. Cash Contributions for which you have receipts, canceled checks, payroll deductions, etc.	
TOTAL:	
B. Non-cash items: Fair market value or garage sale price on clothing, furniture, appliances, etc. Give organization, item and value (if over \$500, bring detailed information and receipts.) Autos, boats, airplanes bring 1098-C.	
C. Transportation / Travel for Volunteer Work	
Mileage	
Parking	
Out-of-pocket expenses (receipted)	

CASUALTY & THEFT LOSSES

(Must exceed 10% of Adjusted Gross Income)	
Date of Casualty _____	Date Acquired _____
Kind of Property _____	How Destroyed _____
FMV Before _____	FMV After _____
Cost plus improvements	
Insurance reimbursements	
Federally declared disaster area? Yes ___ No ___	
Porzi-style Scheme Loss	

MISCELLANEOUS DEDUCTIONS

JOB EXPENSES: Job Supplies	
Job Hunting: Mileage / Travel (see pg. 4)	XXXXXXXXXXXXXXXX
Employment Agency Fees	
Phone / Résumé / Postage / etc.	
Job-related Education: Tuition / Fees	
Books / Supplies	
Workshops / Seminars	
Mileage / Food / Lodging (see pg. 4)	XXXXXXXXXXXXXXXX
Malpractice Insurance	
Phone: Additional extension only, plus enhancements, long dist, fax, pager	
Professional Dues / Licenses	
Professional Journals / Trade Journals	
Safety Equipment	
Tools - Small	
Tools & Equipment - Depreciable	
Uniforms - Cost / Cleaning	
Union Dues / Initiation Fees	
INVESTMENT EXPENSE: Save Deposit Box	
Journals / Subscriptions	
Phone / Postage / Mileage	
Tax Preparation Fees / Tax Consultations	
IRA or Keogh Fees (paid separately)	
Credit / Debit Card Fees for Tax Payments	
OTHER:	
Gambling Losses	