

Itemized Deduction Worksheet (Schedule A)

Medical and Dental Expenses:

Dental insurance premiums	\$ _____	Fees for hospital care	\$ _____
Fees for doctors/ dentist	\$ _____	Long-term care ins. premiums	\$ _____
Medical insurance premiums	\$ _____	Medication/ Drug expenses	\$ _____
Medical equipment (contact lenses/ crutches/ glasses/ wheelchairs/ etc.) expenses			\$ _____
Other transportation	_____		\$ _____
Total medical miles driven	_____		

Taxes paid

Income taxes	\$ _____	General sales taxes	\$ _____
Real estate taxes	\$ _____	Personal property taxes	\$ _____
Other taxes	_____		\$ _____

Interest paid:

Home mortgage interest	\$ _____	O reported on Form 1098	O not reported on Form 1098
Points	\$ _____	O reported on Form 1098	O not reported on Form 1098
Mortgage insurance premiums	\$ _____	Investment interest	\$ _____

Gifts to charity:

Gifts by cash or check	\$ _____	Noncash contributions	\$ _____
Name of non-profit organization	_____	Description of donated items	_____
Date of contribution	_____	Date acquired by donor	_____
How acquired by donor	_____	Donor's cost	\$ _____
Fair market value	\$ _____	Method used to determine FMV	_____
Did you donate a vehicle?	O Yes O No	Vehicle identification number:	_____

Casualty and theft losses:

Description of property	_____	Date casualty/loss occurred	_____
Cost/ value of property	\$ _____	Insurance reimbursement	\$ _____
Fair market value before	\$ _____	Fair market value after	\$ _____

Miscellaneous Deductions:

Gambling losses	\$ _____	Investment fees	\$ _____
Safe deposit box	\$ _____	Tax Preparation fees	\$ _____

Job related expenses: Expenses must be ordinary and necessary to be deductible/required by employer.

Legal fees	\$ _____	License	\$ _____
Malpractice ins. Premiums	\$ _____	Medical examinations	\$ _____
Occupational taxes	\$ _____	Passport for business trips	\$ _____
Union dues and expenses	\$ _____	Prof. membership/journal dues	\$ _____
Work clothes/ uniforms	\$ _____	Work-related education	\$ _____
Safety equipment/ tools	\$ _____	Other _____	\$ _____
Travel (away from home, do not include meals& entertainment)			\$ _____
Total Meals & Entertainment (only 50% is allowed as a deduction)			\$ _____
Cellphone (% business usage) _____			\$ _____
_____			\$ _____
Total Expenses:			\$ _____

Employment related business mileage *(Must keep written mileage log!)*

Date vehicle was placed in service _____ Make/Model/year of vehicle _____
Total miles driven (regardless of purpose) _____ Odometer reading 1/1 _____ 12/31 _____
Total business-related miles: _____ Parking fees, tolls, transportation (bus, train) \$ _____
Other car expenses, please specify _____ \$ _____

Home Office *(Must be used regularly and exclusively for business, storage of inventory or product samples, must be for the convenience of your employer)*

Total area of home	_____	Area used for business	_____
Mortgage interest paid	\$ _____	Rent paid	\$ _____
Property taxes	\$ _____	Insurance	\$ _____
Utilities	\$ _____	Repairs (not improvements)	\$ _____
Other:	_____		\$ _____

Information provided by _____

Date _____