



Itemized Deduction Worksheet (Schedule A) 2018

Medical and Dental Expenses: Must exceed 7.5% of AGI to claim

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: Must not be greater than \$10,000

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

Interest paid:

Home mortgage interest	\$ _____	<input type="checkbox"/> reported on Form 1098 <input type="checkbox"/> not reported on Form 1098	
Points	\$ _____	<input type="checkbox"/> reported on Form 1098 <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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	\$ _____

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	_____	\$ _____	

Information provided by _____

Date _____