

Itemized Deductions Worksheet

***Note: The taxpayer is responsible to provide any documentation to substantiate expenses and deductions per IRS regulations.**

Name: _____ Tax Year: _____

Interest

Home Mortgage Interest 1st: \$ _____ 2nd: \$ _____

Private Party Interest

Name: _____ SSN: _____

Address: _____

Did you refinance or purchase your mortgage this year? (if so, please provide your closing papers) YES NO

Did you have a home equity loan in excess of \$100,000? YES NO

Taxes

Real Estate Taxes \$ _____

Personal Property Taxes \$ _____

DMV Registration Fees \$ _____

State/Local Taxes \$ _____

Medical Expenses

Prescription Medicine (Out of pocket) \$ _____

Health Insurance Premiums \$ _____

Medicare Premiums \$ _____

Dental Insurance Premiums \$ _____

Doctor/Dental/Hospital/Lab Fees (out of pocket) \$ _____

Eyeglasses/contacts \$ _____

Hearing Aids \$ _____

Medical Mileage (number of Miles) # _____

Unreimbursed Employee Expenses

	Taxpayer	Spouse
Union Dues	\$ _____	\$ _____
Job Seeking Expenses	\$ _____	\$ _____
Education	\$ _____	\$ _____
Professional Licensing	\$ _____	\$ _____
Professional Journals	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Tools	\$ _____	\$ _____
Uniforms/Laundry	\$ _____	\$ _____
Professional Dues	\$ _____	\$ _____
Business Mileage	# _____	# _____
Business Phone	\$ _____	\$ _____

Charitable Contributions

Contributions (to Charity/Church/etc.) by cash or check: \$ _____

Contributions other than cash or check: \$ _____

Donee Name: _____

Donee Address: _____

Date of Contribution: _____ Date Acquired: _____

Cost Basis: _____ Fair Market Value: _____

Miscellaneous

Tax Preparation Fees \$ _____

Safe Deposit Box \$ _____

Investment Expenses \$ _____