

## ITEMIZED DEDUCTIONS

### Medical Expenses

Please note that medical expenses must exceed **10%** of adjusted gross income before they begin to be deducted. Health insurance premiums and medical expenses paid with pre-tax dollars (cafeteria plans, health savings accounts, flexible spending accounts, etc) are not deductible.

Medical and Dental expenses*	
Medical insurance premiums you paid (not pre-tax)	
Long-term care insurance premiums you paid	
Miles driven for medical purposes	

\*Items to be included: Medicine and drugs (prescription only), Doctors, dentists, nurses, Hospitals, clinics, laboratories, Eyeglasses or corrective surgery, Contact lenses and solutions, Ambulance, Medical supplies and equipment, Hearing aids, Lodging and meals, Travel, Payments for in-home care. Please ask there are other items not listed that may be considered.

### Tax Expenses

State and local income tax payments made for this year for prior year(s)	
Real estate taxes on primary residence	
Real estate taxes on secondary residence	
Real estate taxes on investment property or other	
Personal property taxes paid on vehicles, boats, motorcycles, jetskis, trailers, etc.	
Sales tax paid on major items (auto, boat, etc.)	
Other taxes	

### Interest Expenses

	Payee	Property	Amount
Home mortgage interest			
Home mortgage interest			
Home equity interest			
Home equity interest			

*If you refinanced, purchased, or sold any real estate, please provide the settlement statements.*

	Payee	Investment Purpose	Amount
Investment interest			

I declare that I have examined and/or completed this worksheet and any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Prepared and submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

## ITEMIZED DEDUCTIONS (continued)

### Contributions

Cash contributions, for which you have receipts, canceled checks, etc. NOTE: You MUST to have written cknowledgment from any charity to which you made more than \$250 in individual donations.

Donee	Amount	Donee	Amount

Expenses incurred in performing volunteer work for charitable organizations:

Parking fees and tolls	
Supplies	
Meals & entertainment	
Other (itemize)	
Automobile mileage	

Other than cash contributions (enclose receipt(s)):

Organization name and address			
Description of property			
Date acquired			
How acquired			
Cost or basis			
Date contributed			
Fair market value (FMV)			
How FMV determined			

### Miscellaneous Deductions

Un-reimbursed expenses *enter on separate form	
Job search expenses	
Uniform expenses (only if clothing cannot be worn outside of work)	
Union dues	
Tax preparation fees	
Safe deposit box rental	
Investment expenses (other than on K1s)	
Other expenses, subject to 2% AGI limitation	
Other expenses, not subject to 2% AGI limitation	

I declare that I have examined and/or completed this worksheet and any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Prepared and submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_