Name:

**2024 Itemized Deductions**

**The attached list are the only expenses that are work related that you are able to claim. You are no longer able to claim unreimbursed work expenses, mileage etc.**

**If you are claiming deductions, I must have your receipts.**

**Medical (Please send last paycheck stub)**

Medical: Dental:

Vision: Long-Term Care:

**Out of Pocket Medical Expenses**

Copays  Prescriptions Dental:

Vision Labs Other:

Miles driven for Medical purpose (Dr. visit, pick up prescriptions, etc.):

**Taxes (Please send 1098 – Mortgage Interest or Tax Notice)**

Real Estate Taxes Paid: Personal Property Taxes Paid:

**Interest Paid (Please send 1098 – Mortgage Interest Notice)**

**Home Equity Loans are no longer allowed to be used.**

Home Mortgage Interest Paid: Points Paid:

Mortgage Insurance Premium Paid: Mortgage Company:

**Gifts to Charity (Please send form sent by Organzation or Church)**

Cash contributions (Name of church, organization, etc.):

Amount Given to church or organization:

**Non Cash Donation (Please send form that you have received from Organization or Church)**

Who did you donate the property to: Address where you made the donation?

Describe Property Donated:

How much did you pay for the items? How much is it worth if brought from Thrift Store?

Date Purchased: Date donated: