

2024 Itemized Deductions (Sch A) Worksheet (type-in fillable)

☐ I donated a vehicle worth more than \$500

☐ I made more than \$5,000 of noncash donations

☐ I paid interest on borrowings for investments

☐ I repaid income (taxed in prior year) over \$3,000

If you checked any of the above, we will reach out for additional details.

Your name: _____

MEDICAL EXPENSES you paid for yourself or your dependent that were not reimbursed	
Insurance* (specify)	\$
	\$
	\$
	\$
*Not paid pre-tax from paycheck for health, dental, vision, long-term care. Provide Form 1095-A from Marketplace if received.	
Doctors, dentist, etc.	\$
Hospital, medically needed care facility, etc.	\$
Prescriptions (even if filled with over the counter meds)	\$
Medical aids (canes, glasses, etc.)	\$
Other (specify):	\$
	\$
Parking	\$
Bus or car service	\$
Medical miles	mi.
CHARITY (you need to keep evidence of each; if \$250 or more, must be in writing from charity)	
Cash contributions (total)	\$
Other than cash, specify name of charity (no appreciated items):	(provide thrift store value) \$
	\$
	\$
Charitable miles	mi.

STATE/LOCAL TAXES	
State/local income tax paid (other than through withholding)	\$
Sales tax on car or home improvement purchases	\$
Real estate taxes (not service fees like garbage or sewer)	\$
Personal property (e.g. tax portion of car registration)	\$
Other taxes paid (specify):	\$
	\$
INTEREST	
Home mortgage interest - on main home	\$
- on second loan or home	\$
Loan balance owed at year end (Form 1098):	\$
Amount of loan used to buy, build, or improve home, if less than the full amount	\$
Mortgage insurance required by lender	\$
Year loan originated	Yr:
Other (specify):	\$
OTHER:	
Gambling losses	\$
Other (specify):	\$

We'll use your 2024 federal standard deduction shown below if more than your itemized deductions above (if blind, add \$1,700 or \$1,350 if married):

Single: \$14,600

Married: \$29,200

HOH: \$19,400

Single (65+): \$16,550

Married (65+): \$30,750

HOH (65+): \$21,450