



## Itemized Deductions

Generally, this applies to you if you own a home, have lots of unreimbursed expenses at your job, made wages greater than the amount specified in the wage chart (see chart below), or all of the above. Be sure to have all the following documents and/or figures totaled and written down; or printed out and in hand at that start of your appointment. It is not necessary for you to fully fill in this form, but it is important that you have all the totals written down or printed out before your appointment begins.

Please have the information in this order.

### Wage Chart

|                                    |                                  |
|------------------------------------|----------------------------------|
| Head of household:                 | wages made greater than \$18,650 |
| Single or Married filing separate: | wages made greater than \$12,400 |
| Married filing jointly:            | wages made greater than \$24,800 |

**Please write the annual totals next to each item listed below. If zero write N/A**

### INCOME TAXES PAID:

State Income Tax Paid with last year's tax return-

State Income Tax Paid this tax year for last years estimated taxes-

### OTHER TAXES PAID

Real Estate Taxes Paid-

DMV Fees Paid-

### INTEREST PAID

Home Mortgage Interest- Please bring all mortgage interest statements for all loans. If the statement is unavailable bring a list of each bank and amount of mortgage interest paid to each bank for the entire year. Provide the same information for mortgage insurance premiums.

### CASH DONATIONS

Bring a list of all Non Profit companies you donated money to this along with this form if the list doesn't fit below. Provide the name of the Organization and the amount of money donated by cash, check, or card.

## **NON-CASH DONATIONS**

Provide all receipts for non-cash donations; along with the value of the donation, and date you donated the items.

## **MEDICAL & DENTAL EXPENSES (note, medical expenses need to be bigger than 7.5% of your income to begin to help)**

Prescription Meds & Drugs-

Doctors, Dentists, Nurses-

Hospitals & Nursing Homes-

Insurance Premiums-

Long Term Care Premiums (Taxpayer)-

Long Term Care Premiums (Spouse)-

Lodging & Transportation-

Medical Miles Driven-

Other Medical & Dental Expenses-