



Itemized deductions

Name: _____

Fiscal Year: _____

Medical and Dental

Health insurance premiums	
Number of medical miles	
Other medical and dental expenses	

Taxes Paid

Income taxes	
Property taxes	
Personal property	
Other	

Interest Paid

Home mortgage interest and points reported on Form 1098	
Home mortgage interest not reported on Form 1098	
Points not reported on Form 1098	
Mortgage Insurance Premiums	
Investment interest	

Gifts to Charity

Gifts by cash or check	
Qualified cash contributions	
Charitable miles	
Other than by cash or check	

Job Expenses

Unreimbursed employee expenses	
Union Dues	
Tax preparation fees	
Other expenses	

Other expenses (specify)

