

## ITEMIZED DEDUCTIONS WORKSHEET

**If your itemized deductions will not total more than the standard deduction for your filing status we will not file Schedule A (this will save you money). Please use the worksheet to determine if you need to file Itemized Deductions.**

### Medical and Dental Expenses:

Is your total out of pocket medical and dental expenses more than 10% of your Adjusted Gross Income: \_\_\_\_\_

If "no" then skip this section and move on to the next. If yes, please breakdown expenses below.

Health and Dental Insurance Premiums Paid by You (this does not include any deductions taken previously for self-employed health insurance coverage or premiums paid by a cafeteria plan through work):

Total Amount of Premiums Paid: \_\_\_\_\_

Total Amount Paid for Dr./Hospital Visits: \_\_\_\_\_ Dentist Visits: \_\_\_\_\_

Prescriptions: \_\_\_\_\_ Diagnostic/Lab: \_\_\_\_\_ Eyeglasses: \_\_\_\_\_

Medical Equipment: \_\_\_\_\_ Hearing Aids: \_\_\_\_\_

Did you pay any Long Term Care Premiums: \_\_\_\_\_ Date of Birth for person covered by LTC plan: \_\_\_\_\_

Amount of LTC Premium Paid: \_\_\_\_\_

**Total Medical and Dental Expenses:** \_\_\_\_\_

### Taxes You Paid:

State and Local Taxes:

Income Taxes: \_\_\_\_\_ or General Sales Tax: \_\_\_\_\_

Real Estate Taxes: \_\_\_\_\_ Personal Property Taxes: \_\_\_\_\_

Other Taxes (list type and amount): \_\_\_\_\_

**Total Taxes Paid:** \_\_\_\_\_

### Interest You Paid:

Interest Reported on Form 1098: \_\_\_\_\_ Interest Not Reported on Form 1098: \_\_\_\_\_

Who did you Pay the interest to: \_\_\_\_\_

Identifying Number/ EIN, ITIN or Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Did you pay any points not reported on 1098: \_\_\_\_\_ Amount: \_\_\_\_\_

Mortgage Insurance Premiums Paid: \_\_\_\_\_ Investment Interest Paid: \_\_\_\_\_

**Total of Interest Paid:** \_\_\_\_\_

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**Gifts to Charity:**

Did you have any gifts by cash or check: \_\_\_\_\_ Was any donation over \$250.00: \_\_\_\_\_

Did you get a receipt or have the cancelled check for the donation: \_\_\_\_\_

Did you make donations of property: \_\_\_\_\_ Was the items Value over \$250.00: \_\_\_\_\_

Over \$500.00: \_\_\_\_\_ Did you have any Charity Contribution Carryover from Prior Years: \_\_\_\_\_

Amount of Prior Year Carryover: \_\_\_\_\_

**Casualty and Theft Losses:**

Did you have any type of casualty or theft losses not fully reimbursed by insurance payments: \_\_\_\_\_

Did you live in a federally declared disaster area: \_\_\_\_\_ Were the losses a result from storm damage: \_\_\_\_\_

Please name the storm if a hurricane or tropical storm: \_\_\_\_\_ Have you received any insurance reimbursements: \_\_\_\_\_ How much did you receive from insurance company: \_\_\_\_\_ What is your total loss: \_\_\_\_\_ What is your loss after reimbursements: \_\_\_\_\_

**Job Expenses and Miscellaneous Deductions: Subject to 2% Rule**

Unreimbursed Employee Expenses:

<b>Expense</b>	<b>Amount Paid</b>
Union Dues	
Continuing Education	
Licenses	
Parking Fees, Tolls, Transportation – non-commuting	
Travel – Overnight	
Meals and Entertainment	
Vehicle Expenses – See Below	

**Vehicle 1 Information:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Date Placed in Service for Business Use: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Own or Lease: \_\_\_\_\_ If Own have you taken Depreciation before: \_\_\_\_\_

Total Miles Driven in 2017: \_\_\_\_\_ Business Miles: \_\_\_\_\_ Commuting \_\_\_\_\_

Other: \_\_\_\_\_

Is vehicle used for personal use: \_\_\_\_\_ Percent Personal Use: \_\_\_\_\_

Do you have another vehicle available for personal use: \_\_\_\_\_

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Do you have Written Evidence to support your deduction, such as a mileage log or receipts: \_\_\_\_\_

<b>Automobile Expenses</b>	<b>Total Amount Paid</b>
Gas	
Repairs	
Maintenance	
Insurance	
Lease Payments	

Tax Prep Fees: \_\_\_\_\_

Other Expenses, Please List: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Estimated Total Itemized Deductions:** \_\_\_\_\_