

## ITEMIZED DEDUCTIONS WORKSHEET

 $You\ can\ itemize\ if\ your\ expenses\ exceed\ the\ standard\ deductions*:\ Single\ or\ Married\ Filing\ Separately\ -\ \$12,550,\ Married\ Filing\ Jointly\ or\ Qualified\ Widow\ -\ \$25,100\ Head\ of\ Household\ -\ \$18,800$ 

MEDICAL & DENTAL (Expense	s must exceed 7.5% of adjusted gross inco	ome)
Prescription medicines \$	Doctors, dentists, nurses, hospitals visits \$	
Insurance premiums \$	Long-Term Care Premiums \$ Lodging for medical care \$	Transportation for
Other: (hearing aids, dentures, eyegl \$	asses, air conditioners, & air purifiers purch	ased for Medical reasons)
TAXES State and Local Income Taxes \$Personal Property	xes \$ or General Sales Taxes \$Other \$	\$ Real Estate
INTEREST PAID		
Home Mortgage Interest Paid (1st) \$\frac{9}{2}\$ reported on Form 1098 & paid in 20	S(2nd) \$	Home Mortgage Interest not Premiums \$
<b>CONTRIBUTIONS</b> (For a single g	ift of \$250 or more you must have signed do	ocumentation).
Cash or check contributions (Church	n, United Fund, etc.) \$	-
Non-Cash Contributions (Clothing,	Furniture, Household Items, food, etc.) \$	
Travel for charitable work -#of mile	s x .14 =	
CASUALTY & THEFT		
Losses NOT covered by insurance \$		
OTHER EXPENSES		
EXPENSE	DO	LLAR AMOUNT
	on represents actual expenses incurred for poraneous records to support all deductio	
Taxpayer Signature: (Printed)	Date:	
Taxpayer Signature:	Date:	