

# SCHEDULE A Itemized Deductions Worksheet



## MEDICAL EXPENSES

Health Insurance Premiums paid (only post-tax premiums are deductible):	\$
Prescription Drugs	\$
Doctor, Dentist, Hospital, Ambulance, Lab, X-ray, Physical Therapy and Chiropractic fees paid:	\$
Eye Exams, Glasses, Contact Lenses, Hearing Aids fees paid:	\$
Other Health Related Expenses:	\$

Long Term Care Insurance	Taxpayer:	\$
	Spouse:	\$
Taxi, Bus, Train, Air, Lodging, Parking, and Other Travel Expenses for Medical Purposes:		\$
Auto Miles for Medical Purposes		_____ miles
Handicapped Placard, Handicapped Modification to Home, Special Schooling for Handicapped, Medical Supplies/Equipment/Rentals:		\$

## TAXES YOU PAID

Amount of <b>Real Estate/Property taxes</b> paid:	\$
Amount of <b>Personal Property tax</b> paid: <small>(car license fee, boat, RV)</small>	\$
Amount paid for <b>State Tax due</b> for prior year (do not include penalties & interest):	\$

## HOME MORTGAGE INTEREST

How many <b>1098 Mortgage Interest</b> statements did you bring?	
If you did NOT bring a 1098 Mort Interest form, what was the total Mort Interest paid?	\$
If you paid Mort. Interest to an individual (Contract), you must provide the persons name, address and social security number.	

## CHARITABLE CONTRIBUTIONS

**CASH CONTRIBUTIONS:** All cash charitable contributions **MUST** be documented with bank records or written verification from the charity.

Name of Charity:		\$	Name of Charity:		\$
Name of Charity:		\$	Name of Charity:		\$
Name of Charity:		\$	Name of Charity:		\$

**NON-CASH CONTRIBUTIONS:** Household and clothing items **MUST** be itemized if total is over \$500 and written receipt from charity.

Name of Charity:		\$	Name of Charity:		\$
Name of Charity:		\$	Name of Charity:		\$
Name of Charity:		\$	Name of Charity:		\$

Miles traveled for Charitable Purposes: \_\_\_\_\_ miles

## CASUALTY LOSSES

Description of Casualty:		Date of Casualty: / /
Description of Property Damaged:	Value BEFORE Casualty	Value AFTER Casualty
	\$	\$
	\$	\$

Your signature below indicates your acknowledgement and understanding that the information listed on this worksheet was given to the TAX DOCTOR to prepare your taxes and that it's the responsibility of the Taxpayer to have the proper documentation to support your Schedule A deductions.

## MISCELLANEOUS DEDUCTIONS

Amount of <b>Gambling Losses:</b> (limited to gambling winnings)	\$
Amount of <b>Jobseeking Expenses:</b> <small>(Employment &amp; resume fees, photocopy &amp; postage, etc.)</small>	\$ N/A
<b>Safe Deposit Box</b> fees Paid:	\$ N/A
<b>Investment Related Expenses</b> Paid: <small>(Investment related fees, publications, etc)</small>	\$ N/A

**Taxpayer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CHILD / DEPENDENT CARE EXPENSES

Care **MUST** enable you to work (or look for work) or allow you to attend school **FULL TIME**. Care must be for a child under 13 or a person who is physically/mentally incapable of self care.

<input type="checkbox"/> Check here if you have dependent care benefits taken directly out of your paycheck		Provider's SS# or Employer ID# is	Payments Must Be Separated BY CHILD	
Daycare Provider Name:	Daycare Provider Address:		Child 1:	Child 2:
			\$	\$
			\$	\$

## EDUCATION EXPENSES

Must be separated by student.

	Taxpayer:	Spouse:	Dependent:	Dependent:
College Tuition/Textbook	\$	\$	\$	\$
K-12 Tuition / Books & Supplies			\$	\$

## ESTIMATED TAX PAYMENTS

MUST provide

	Date Paid	Federal:	State:
Applied From Prior Year's Refund:		\$	\$
First Quarter Payment (April):		\$	\$
Second Quarter Payment (June):		\$	\$
Third Quarter Payment (Sept.):		\$	\$
Fourth Quarter Payment (This Jan):		\$	\$

### MILITARY ONLY: MOVING EXPENSES

## MOVING EXPENSES

Miles from <b>OLD</b> residence to <b>NEW</b> Job (A):		mi
Miles from <b>OLD</b> residence to <b>OLD</b> Job (B):		mi
Difference from (A) and (B):		mi
Cost of Commercial Movers:	\$	
Cost of Truck / Trailer Rental / Road Tolls:	\$	
Lodging en route (do NOT include meals):	\$	
Other:	\$	
Other:	\$	

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Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_