

Itemized Deductions

| Medical/Dental Expenses | | | |
|---|----------|--------|------------|
| | Taxpayer | Spouse | Dependents |
| Medical Insurance (Not including Pre-Tax) | | | |
| Dental Insurance (Not including Pre-Tax) | | | |
| Vision Insurance(Not including Pre-Tax) | | | |
| Total Insurance Premiums Paid | | | |
| Piggyback | | | |
| Prescription Drugs | | | |
| Insulin | | | |
| Glasses, Contact, Cleaning Solutions | | | |
| Hearing Aides, Batteries | | | |
| Medical Equipment, Supplies | | | |
| Braces | | | |
| Medical/Physical Therapy | | | |
| Hospitals | | | |
| Doctors/Dentist/ Orthodontist | | | |
| Other: | | | |
| Medical Mileage | | | |

| Taxes Paid | | | |
|---|--------|------------------------------|--|
| Real Estate Taxes Paid | | State Income Tax | |
| | Amount | | |
| Personal Residence | | Balance Due from last year | |
| Other Property: | | Audit or additional tax paid | |
| Other Property: | | Other | |
| General Sales Tax (Amounts paid on large items such as autos, boats, motorcycles, RV, etc.) | | DMV Auto Registrations | |
| | | | |
| | | | |
| | | | |

| Interest Expense | | | |
|----------------------------------|--------|-----------------------------------|--------|
| Mortgage Interest Paid | | Home Equity Loans/RV Interest | |
| | Amount | | Amount |
| Personal Residence | | | |
| Other Property: | | | |
| Other Property: | | | |
| Paid to Individual for Residence | | Investment Interest (Please List) | |
| Name: _____ | | | |
| Address: _____ | | | |
| City, State, Zip _____ | | | |
| SSN: _____ Amount Paid: _____ | | | |

| Contributions by Cash or Check | | | |
|--------------------------------|--------|--|--------|
| | Amount | | Amount |
| Church | | Public TV/Radio | |
| United Way | | Heart, Lung, Cancer, etc. | |
| Scouts | | Wildlife Fund | |
| Telethons | | Salvation Army, Goodwill (Cash, Check) | |
| Other: | | | |
| Other: | | Other: | |

| Non-Cash Charitable Contributions | | | | |
|-----------------------------------|--------------|------------------------|---------------------|-------------------|
| Description of Property Donated | | Donee Name and Address | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| | Date Donated | Date Acquired | Cost or Other Basis | Fair Market Value |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

| Casualty/Theft Loss (Federally Declared Disaster Area ONLY) | |
|--|-------|
| For property damaged by storm, water, fire, or accident or stolen. | |
| Location of Property | _____ |
| Description of Property | _____ |
| Cost, basis of property | _____ |
| Fair Market value before casualty or theft | _____ |
| Fair Market Value after casualty or theft | _____ |
| Insurance Reimbursement | _____ |