

Personal Deductions Worksheet

Tax Year 2024

Your Name _____

| | |
|------------------------------|-------|
| Medical and Dental | |
| Insurance | _____ |
| Prescriptions | _____ |
| Dr. Visits | _____ |
| Medical Equipment | _____ |
| Vision | _____ |
| Dental | _____ |
| Taxes Paid | |
| State income tax | _____ |
| Real estate property tax | _____ |
| Advalorem tax (car tag) | _____ |
| Auto Sales tax paid | _____ |
| Other State Taxes paid | _____ |
| Interest and Points | |
| Mortgage Interest | _____ |
| Mortgage interest | _____ |
| 2 Mortgage interest | _____ |
| Points Paid | _____ |
| Other Mortgage Interest | _____ |
| PMI | _____ |
| Donations | |
| Church | _____ |
| Gifts cash | _____ |
| Noncash | _____ |
| etc | _____ |
| Miscellaneous Expense | |
| Casualty Thief Losses | _____ |
| Gambling Losses | _____ |

By signing this worksheet you are agreeing that all information contained above was supplied by you and is true to the best of your knowledge and does not contain false and or misleading information designed to defraud the Internal Revenue Service. You also agree to keep all supporting documents for a minimum of 3 years.

signature _____
date _____

signature _____
date _____