

**Personal Deductions Worksheet**

Tax Year 2019

Your Name \_\_\_\_\_

<b>Medical and Dental</b>	
Insurance	_____
Prescriptions	_____
Dr. Visits	_____
Medical Equipment	_____
Vision	_____
Dental	_____
<b>Taxes Paid</b>	
State income tax	_____
Real estate property tax	_____
Advalorem tax (car tag)	_____
Auto Sales tax paid	_____
Other State Taxes paid	_____
<b>Interest and Points</b>	
Mortgage Interest	_____
Mortgage interest	_____
2 Mortgage interest	_____
Points Paid	_____
Other Mortgage Interest	_____
PMI	_____
<b>Donations</b>	
Church	_____
Gifts cash	_____
Noncash	_____
etc	_____
<b>Miscellaneous Expense</b>	
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 \_\_\_\_\_