

20___ ITEMIZED DEDUCTION WORKSHEET



Prescription Medications _____
 Doctors, Dentists, Clinics _____
 Hospital Bills _____
 Nursing Home _____
 Glasses & Contacts _____
 Hearing Aids _____

Total Medical Costs: _____

Health Insurance _____
 Cancer/Heart Insurance _____
 Medicare Premiums _____
 Nursing Home Ins-Taxpayer _____
 Nursing Home Ins-Spouse _____
Total Insurance Costs: _____

(less) Insurance Reimbursements (_____)

Medical Lodging (not more than \$50 per day) _____

Medical Miles _____
 _____ Miles x \$.21 = _____

Total Mileage Costs: _____

Total Medical Deductions: _____

State Est Paid in Current Year _____
 State Taxes Paid in Current Yr _____
 State Withholding from W-2 _____
 Sales Tax-Vehicles _____
 Real Estate Taxes _____
 Motor Vehicle Tax _____
 Other Taxes Paid in Current Year _____
Total Taxes Paid: _____

Church Offerings _____
 Cancer/Heart _____
 Goodwill/Salvation Army _____
 Red Cross _____
 United Way _____
 Others: _____

Total Cash & Noncash Contributions: _____

Charitable Miles _____
 _____ Miles x \$.14 = _____

Total Charitable Mileage: _____

Total Contributions: _____

Receipts must be provided for all charitable gifts.

Home Mortgage _____
 Points (Form 1098) _____
 Mortgage Interest paid to Private Individuals _____
 Social Security Number: _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
Total Mortgage Interest: _____

Investment Interest _____

Total Investment Interest: _____

Total Interest Paid: _____