



Itemized Deductions Worksheet

Medical Expenses:

Prescription Medications	\$ _____	Medical Mileage	_____ mi
Health Insurance Premiums	\$ _____	Lodging for Medical Purposes	\$ _____
Fees for Doctors, Dentists, etc	\$ _____	Other Medical Expenses:	
Fees for Hospitals, Clinics, etc	\$ _____	_____	\$ _____
Lab and X-Ray Fees	\$ _____	_____	\$ _____
Eyeglasses and Contact Lenses	\$ _____	_____	\$ _____

State and Local Taxes Paid:

Taxes on Principal Residence	\$ _____	Other Personal Property Taxes	
Personal Property Taxes (eg, DMV Fees)	\$ _____	(eg, Boat, RV)	\$ _____

Interest Paid:

Mortgage Interest	\$ _____	Mortgage Insurance Premiums	\$ _____
Mortgage Points	\$ _____	Investment Interest	\$ _____

Gift to Charity:

Cash Donations: (eg, Church, Red Cross)		Non-Cash Donations: (eg, Goodwill, Salvation Army)	
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Mileage for Charitable Service	_____ mi		\$ _____

Job Expenses and Certain Miscellaneous Deductions:

Union and Professional Dues	\$ _____	Investment Fees	\$ _____
Professional Subscriptions	\$ _____	Safe Deposit Box	\$ _____
Uniforms / Protective Clothing	\$ _____	Tax Preparation Fees	\$ _____
Job Search Costs	\$ _____	Union and Professional Dues	\$ _____

Unreimbursed Employee Expenses:

Year/Make/Model	_____	Parking Fees and Tolls	\$ _____
Business Miles	_____ mi	Travel Expenses (eg, Airfare, Hotel, Car Rental)	\$ _____
Commuting Miles	_____ mi	Business Expenses (eg, Cell Phone, Internet)	\$ _____
Total Miles	_____ mi	Reimbursement Received	\$ _____