

ITEMIZED DEDUCTIONS

TAX YEAR _____

MEDICAL EXPENSES:

BILLS PAID.....\$ _____

COPAYS PAID.....\$ _____

DEDUCTIBLES PAID.....\$ _____

EQUIPMENT AND SUPPLIES PURCHASED.....\$ _____

MEDICAL INSURANCE PREMIUMS PAID.....\$ _____

LONG TERM CARE PREMIUMS PAID.....\$ _____

MEDICAL MILES DRIVEN.....\$ _____

DENTAL EXPENSES:

BILLS PAID.....\$ _____

COPAYS PAID.....\$ _____

DEDUCTIBLES PAID.....\$ _____

EQUIPMENT AND SUPPLIES PURCHASED.....\$ _____

DENTAL INSURANCE PREMIUMS PAID.....\$ _____

DENTAL MILES DRIVEN.....\$ _____

PRESCRIPTION EXPENSES:

BILLS PAID.....\$ _____

COPAYS PAID.....\$ _____

DEDUCTIBLES PAID.....\$ _____

EQUIPMENT AND SUPPLIES PURCHASED.....\$ _____

PRESCRIPTION INSURANCE PREMIUMS PAID.....\$ _____

PRESCRIPTION MILES DRIVEN.....\$ _____

VISION EXPENSES:

BILLS PAID.....\$ _____

COPAYS PAID.....\$ _____

DEDUCTIBLES PAID.....\$ _____

EQUIPMENT AND SUPPLIES PURCHASED.....\$ _____

VISION INSURANCE PREMIUMS PAID.....\$ _____

VISION MILES DRIVEN.....\$ _____

TAXES YOU PAID:

GENERAL SALES TAXES PAID.....\$ _____

STATE INCOME TAXES PAID.....\$ _____

REAL ESTATE TAXES PAID.....\$ _____

PROPERTY TAXES PAID.....\$ _____

VEHICLE TAG AMOUNT(S) PAID.....\$ _____

OTHER TAXES PAID:
.....\$ _____

INTEREST YOU PAID:

HOME MORTGAGE INTEREST AND POINTS PAID.....\$ _____

INVESTMENT INTEREST PAID.....\$ _____

PRIVATE MORTGAGE INSURANCE (PMI).....\$ _____

CASUALTY & THEFT LOSSES:

DESCRIPTION OF PROPERTY _____

GIFTS TO CHARITY:

DONATIONS, OFFERINGS, AND TITHES.....\$ _____
(paid by cash or check only)

OTHER THAN BY CASH OR CHECK.....\$ _____
(clothes, shoes, food, furniture, toys, vehicles, etc.)

CHARITABLE MILES DRIVEN.....\$ _____

UNREIMBURSED W-2 JOB EXPENSES: (Taxpayer)

TRAVEL.....\$ _____
(hotels, airfare, bus, car rentals, taxicab, train, etc.)

MEALS AND ENTERTAINMENT.....\$ _____

BUSINESS MILES DRIVEN.....\$ _____

DO YOU HAVE A HOME OFFICE REQUIRED BY YOUR JOB? Yes or No

JOB SEEKING EXPENSES PAID.....\$ _____

JOB SEEKING MILES DRIVEN.....\$ _____

ONE JOB TO ANOTHER JOB MILES DRIVEN.....\$ _____
(miles driven when working two or more Form W-2 jobs in the same day)

OTHER EXPENSES PAID:

(business cards, business cell phone, business internet service, equipment, job related education, licenses, lumper fees, off-highway fuel, parking fees, professional organization dues, scales, showers, supplies, tolls, tools, uniforms (cleaning, work boots, work shoes), union dues, etc.)

.....\$ _____

.....\$ _____

.....\$ _____

.....\$ _____

.....\$ _____

.....\$ _____

UNREIMBURSED W-2 JOB EXPENSES: (Spouse)

TRAVEL.....\$ _____
(hotels, airfare, bus, car rentals, taxicab, train, etc.)

MEALS AND ENTERTAINMENT.....\$ _____

BUSINESS MILES DRIVEN.....\$ _____

DO YOU HAVE A HOME OFFICE REQUIRED BY YOUR JOB? Yes or No

JOB SEEKING EXPENSES PAID.....\$ _____

JOB SEEKING MILES DRIVEN.....\$ _____

ONE JOB TO ANOTHER JOB MILES DRIVEN.....\$ _____
(miles driven when working two or more Form W-2 jobs in the same day)

OTHER EXPENSES PAID:

(business cards, business cell phone, business internet service, equipment, job related education, licenses, lumper fees, off-highway fuel, parking fees, professional organization dues, scales, showers, supplies, tolls, tools, uniforms (cleaning, work boots, work shoes), union dues, etc.)

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.....\$ _____

MISCELLANEOUS DEDUCTIONS:

TAX PREPARATION FEES PAID.....\$ _____

SAFE DEPOSIT BOX FEES PAID.....\$ _____

ATTORNEY AND LEGAL FEES PAID TO PRODUCE OR COLLECT TAXABLE INCOME.....\$ _____

GAMBLING LOSSES TO THE EXTENT OF GAMBLING WINNINGS REPORTED.....\$ _____