



ITEMIZED DEDUCTION WORKSHEET

You can itemize IF your expenses exceed the standard deduction:
Single - \$6100, Married Filing Joint - \$12,200, Head of Household - \$8,950

Name: _____ Tax Year: _____

Note: You MUST provide supporting documentation for all income and expenses claimed.

Medical & Dental (Expenses must exceed 7.5% of adjusted gross income to be itemized)

Prescription Medicine: _____

Long Term Care Insurance: _____

Medical Insurance Premiums: _____

Doctors & Dentists: _____

Nursing Home Expenses: _____

Lab fees, ambulance: _____

Hearing aids, other medical supplies & equipment: _____

Medical Miles Driven: _____

Lodging for Medical Care: _____

Other: _____

Casualty/Theft Loss (Non-Business)

Losses not covered by insurance: _____

Charitable Contributions:

Miles traveled for charitable work: _____

Check Contributions: (provide breakdown w/receipts) _____

Cash Contributions: _____

Other than Cash Contributions: (clothing, food, etc. - provide breakdown and dollar value) _____

Date Charity Amount

Taxes Paid

State & Local Income Taxes paid in 2013 _____

Real Estate Taxes (personal residence only) _____

Personal Property Taxes (vehicles, etc.) _____

Other Taxes (Describe below): _____

Interest Expenses

Home Mortgage (to bank) _____

Home Mortgage (to individual) – attach SSN, Name and Address of individual _____

Points NOT reported to you on Form 1098 in 2012 _____

Home Equity Loan _____

Interest Paid to Maintain Investments _____

Student Loan Interest

Taxpayer _____

Spouse _____

Child _____

Employee Business Expenses

Miles traveled in your vehicle for your work (unreimbursed) _____

Miles traveled to temporary job (over 35 miles away) _____

Lodging expenses NOT covered for temporary job _____

Meals NOT covered for temporary job _____

Miscellaneous Deductions

Moving Expenses _____

Union/Professional Dues _____

Tools/supplies for Work _____

Uniforms required by employer _____

Business & Professional Publications _____

Tax Preparation Fees _____

Safe Deposit Box _____

Postage _____

Continuing Education (Educator Expense) _____

Professional Licenses & Fees _____

Salesman - Other Expenses (List Below):
