

# SCHEDULE A (ITEMIZED) DEDUCTIONS

Taxpayer Name: \_\_\_\_\_

Medical		Taxes		Interest Paid	Primary Residence	2 <sup>nd</sup> Home
Prescriptions _____	_____	State & Local:		1 <sup>st</sup> Mortgage _____		
Insulin _____	_____	Income Taxes Paid for	_____	2 <sup>nd</sup> Mortgage* _____	_____	_____
Insurance _____	_____	Prior Tax Years _____	_____	HM Equity Loan _____	_____	_____
Long Term Care	_____	Sales Tax Paid for a	_____	Mortgage Interest not	_____	_____
Premiums _____	_____	Vehicle, Boat, ect _____	_____	on a 1098 _____	_____	_____
Doctor's _____	_____	Real Estate Taxes:	_____	Loan Points paid at	_____	_____
Hospitals/Clinics _____	_____	Primary Residence _____	_____	closing _____	_____	_____
Emergency _____	_____	2 <sup>nd</sup> Home/Cabin _____	_____	Amortized Points _____	_____	_____
Operations _____	_____	Special Assessments	_____	Investment Interest _____	_____	_____
Labs/X-Rays _____	_____	(Interest Only Portion)	_____			
Braces _____	_____	Personal Property Taxes	_____	Seller Financed Mortgage:		
Dentures _____	_____	(auto license tags, ect)	_____	Name: _____		
Glasses/Contacts _____	_____	Foreign Income Tax	_____	SSN: _____		
Eye Exams _____	_____	Paid (NOT claiming the	_____	Address: _____		
Laser Eye Surgery _____	_____	credit) _____	_____	Amount Paid: _____		
Hearing Aids & Batteries _____	_____			Casualty Losses		
Orthopedic Shoes _____	_____	Charitable Contributions		Auto Accident _____		
Therapy _____	_____			Fire _____		
Canes/Crutches _____	_____	Cash/Check/Credit:		Theft _____		
Wheel Chairs _____	_____	Churches & Synagogues	_____	Natural Disasters _____		
Other Med Aids _____	_____	United Way _____	_____	Deductible only if your combined net loss after insurance claim exceeds 10% of AGI. Provide details.		
		Boy & Girl Scouts _____	_____			
On Doctors Written Advice:	_____	Other _____	_____	Miscellaneous Deductions		
Air Conditioner _____	_____	Other _____	_____	Prior Year Tax Prep _____		
Vaporizers _____	_____	Volunteer Out Of Pocket	_____	Safe Deposit Box _____		
Thermometers _____	_____	Expenses:	_____	Investment Expenses _____		
Bandages _____	_____	Church, Scouts, Public	_____	Gambling Losses		
Nursing or LTC Expense _____	_____	Schools, ect _____	_____	(Limited to Gambling Winnings) _____		
Other _____	_____	Auto Miles Driven _____	_____			
Medical Miles _____	_____	Non-Cash: FMV of items	_____			
Other Medical Transportation:	_____	given to:	_____			
Taxi/Bus _____	_____	1. _____	_____			
Airplane _____	_____	2. _____	_____			
Ambulance _____	_____	3. _____	_____			
Parking _____	_____					
Lodging While Receiving Medical Treatment \$50 per person, per night	_____					

The purpose of this worksheet is to help you organize your itemized deductions. If you receive reimbursement of any of your medical expenses do not include these expenses. Medical Insurance Premiums are deductible if paid out of pocket or with after tax dollars from your paycheck. Per IRS regulations medical **expenses should be backed up with credit card statements, cleared checks, receipts for cash or debit card payments.** You should keep a **mileage log** for any medical miles driven. If you are claiming business expenses as an Itemized deduction please see the worksheet for those deductions.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_