



SCHEDULE A: ITEMIZED DEDUCTIONS

This form is to assist you in organizing your deduction information for your annual tax return. Per IRS regulations **you must have written records of your deductions such as receipts, cleared or duplicate checks, and credit card statements for your purchases.**

TAXPAYER NAME _____

MEDICAL

- _____ PRESCRIPTIONS
- _____ INSULIN
- _____ CO-PAYS/DOCTOR'S
- _____ FEES
- _____ DENTAL
- _____ BRACES
- _____ VISION
- _____ GLASSES/CONTACTS
- _____ MATERNAL EXPENSES
- _____ CHIROPRACTOR
- _____ SURGERY
- _____ LABS/X-RAYS
- _____ HEARING AIDS & BATTERIES
- _____ CANES/CRUTCHES
- _____ WHEEL CHAIRS
- _____ LONG TERM CARE PREMIUMS
- _____ ON DOCTOR'S WRITTEN ADVICE
- _____ THERMOMETERS
- _____ BANDAGES
- _____ TRANSPORTATION
- _____ LODGING WHILE REVIEWING
- _____ TREATMENT (number of nights)
- _____ **TOTAL**
- _____ MEDICAL MILES

TAXES

- _____ REAL ESTATE TAXES
- _____ PERSONAL PROPERTY

INTEREST PAID

- _____ HOME MORTGAGE INTEREST¹
- _____ INTEREST NOT REPORTED ON
- _____ FORM 1098

GIFTS TO CHARITY

- _____ GIFTS BY BASH OR CHECK
- _____ CHARITABLE MILES
- _____ NON-CASH DONATIONS²

OTHER MISC. DEDUCTIONS

- _____ GAMBLING LOSSES

¹ Only applies to acquisition debt. NOT home equity debt.
² If a non-cash donations are greater than \$500 detailed itemized receipts are required.