

## **Itemized Deductions Worksheet**

Federal Section - Deductions - Itemized Deductions

These must be out of pocket expenses. They cannot have been paid by insurance or your employer.

Taxpayer name\_\_\_\_\_

Social Security number\_\_\_\_\_

## **Medical and Dental Expenses:**

Other medical and dental expenses:

If you have more than \$3,000 total in out-of-pocket medical expenses and itemized deductions are calculating, please provide receipts.

Doctor visits and co-pays	\$
Operations	\$
Prescription Drugs	\$
Hospital and Emergency Room	
Lab and X-ray	
Dental/Orthodontics	
Glasses and contact lenses	
Other:	
	\$

### Taxes:

Real Estate Tax – not reported on form 1098.....\$\_\_\_\_\_

#### Mortgage Interest and Expenses:

I am providing copies of all 1098 Mortgage Interest Statement(s) to my tax preparer.
Number of 1098 forms given to preparer
Please initial

## Gifts to charity:

Cash gifts to Church/Charity
Other cash charitable contributions - If more than \$500 and itemized deductions are
calculating please provide receipts

## **Miscellaneous Deductions:**

# I, the undersigned, hereby certify that all the information provided on this form is true and correct.

**Taxpayer Signature:** 

Date:\_\_\_\_