

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:____