

# Schedule A: Itemized Deductions

## Medical Expenses

Prescriptions \$ \_\_\_\_\_

Dr., Hospital, Lab \$ \_\_\_\_\_

Medical Aids \$ \_\_\_\_\_

(hearing aids, batteries, braces, glasses, etc)

Health Insurance Premiums \$ \_\_\_\_\_

Mileage Driven for Medical \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

## Taxes Paid

Personal Property Taxes \$ \_\_\_\_\_

Prior Year State Balance \$ \_\_\_\_\_

Real Estate Taxes \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

## Interest Paid

Mortgage Interest paid \$ \_\_\_\_\_

Mortgage INS (PMI) \$ \_\_\_\_\_

Points Paid \$ \_\_\_\_\_

Late Fees on Mortgage \$ \_\_\_\_\_

## Charitable Contributions

Church \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Goodwill \$ \_\_\_\_\_

Salvation Army \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

## Miscellaneous Deductions

Gambling Losses (Can only be claimed if you are reporting winnings) \$ \_\_\_\_\_

Tax Preparation Fees for Prior year(s) \$ \_\_\_\_\_

Safe Deposit Box \$ \_\_\_\_\_

If you have expenses for your job that you were not reimbursed for, please complete reverse side.

**I certify that I would like my taxes prepared according to the information I supplied above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Unreimbursed Employee Expenses**

Union Dues \$ \_\_\_\_\_

Job Education \$ \_\_\_\_\_

Uniforms \$ \_\_\_\_\_

Tools/Safety Equip. \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Mileage (This cannot include Commuting) \_\_\_\_\_

Others: please list.