



Schedule A Worksheet

ITEMIZED EXPENSE DEDUCTIONS SHEET

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: (Box 1)

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.

(please right click the box in the software to create a worksheet to list these expenses)

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...(Box 5b).....\$ _____

Interest

I am providing copies of all 1098 Mortgage Interest Statement(s) to my tax preparer.
(Enter in box 8a)

Number of 1098 forms given to preparer _____

Please initial _____

Gifts to charity

Cash gifts to Church/Charity...(Box 11).....\$ _____

Other cash charitable contributions - If more than \$500 and itemized deductions are calculating please provide receipts...(Box 12).....\$ _____

Other Miscellaneous Deductions

Gambling Losses...(Box 16).....\$ _____

Gambling losses can only be claimed up to the amount of gambling winnings. Gambling winnings are reported on form W-2G.

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

Taxpayer Signature: _____

Date: _____