



# 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:

Gambling Losses.....\$ \_\_\_\_\_

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: \_\_\_\_\_