



## Itemized Deductions Worksheet

### 1. Medical & Dental Expenses

Did you have medical bills that total to more than 10% of your income?

NOTE: If you are 65+ years old, your medical bills must total to more than 7.5% of your income.

**Yes**

**No ---> Go to section 2.**

Category	Amount
Prescriptions, Medicine & Drugs	
Doctors, Dentists & Nurses	
Hospitals & Nursing Homes	
Insurance Premiums	
Long Term Care	
Long Term Care (Spouse)	
Lodging & Transportation	
Medical Miles Driven	
Other Medical & Dental Expenses	

### 2. Property Taxes

Do you have a car or own a home?

**Yes**

**No ---> Go to section 3.**

Question	Amount
<b>Homes:</b> How much did you pay in <b>property taxes</b> ?	
<b>Cars:</b> How much did you pay in <b>DMV fees</b> ?	
<b>Cars:</b> Did you <b>buy a new car</b> ? If so, how much was it?	



### 3. Mortgage Interest

Do you have a home mortgage(s)?

**Yes**

**No ---> Go to section 4.**

Are you missing a [1098](#) statements for any of your mortgages?

NOTE: If you refinanced or your loan servicer changed this year, you will have additional statements that you did not have last year. Keep an eye out for those.

**Yes**

**No ---> Go to section 4.**

Bank Name	Amount

### 4. Donations by Cash, Check or Credit Card

Did you donate money cash, check or credit card?

Note: Do not include non-cash donations such as clothes to Goodwill.

**Yes**

**No ---> Go to section 5.**

Organization Name	Amount



## 5. Non-Cash Donations

Did you donate in clothing, furniture, households, etc?

Note: If your non-cash donations equal more than \$500, please send us the receipt you received from each organization.

Yes

No ---> **Go to section 6.**

Organization Name	Amount

## 6. Misc Deductions

Question	Amount
How much did you pay to <b>prepare your taxes</b> last year?	
How much did you pay in <b>investment fees/interest</b> ?	
How much did you pay for a <b>safety deposit box</b> ?	

## 7. Unreimbursed Employee Expenses

As an employee, do you spend money on business related things that your employer **did not reimburse** you for?

Yes

No ---> **Go to section 8.**

Category	Amount
<b>Meals</b> with clients or customers.	
<b>Entertainment</b> with clients or customers.	
<b>Transportation</b> - taxi, train, bus, etc.	
<b>Travel</b> expenses while out-of-town	
<b>Union Dues</b>	

## 8. Other Unreimbursed Employee Expenses

Are there any other business related things you spend money on that your employer **did not reimburse** you for?

Yes

No ---> **Go to section 9.**

Category	Amount

## 9. Unreimbursed Business Mileage

Did you put business miles on your car that your employer **did not reimburse** you for?

Yes

No ---> **Go to section 10.**

Vehicle 1	Answer
What <b>make</b> is your car?	
What <b>model</b> is your car?	
What <b>year</b> is your car?	
When did you <b>get</b> the car? ( <i>month and year</i> )	
How many <b>total miles</b> did you drive? <i>Commuting + Business + Personal</i>	
How many <b>commuting miles</b> did you drive?	
How many <b>business miles</b> did you drive?	

If you have another car you use for business, please use the table below.

Vehicle 2	Answer
What <b>make</b> is your car?	
What <b>model</b> is your car?	
What <b>year</b> is your car?	
When did you <b>get</b> the car? ( <i>month and year</i> )	
How many <b>total miles</b> did you drive? <i>Commuting + Business + Personal</i>	
How many <b>commuting miles</b> did you drive?	
How many <b>business miles</b> did you drive?	

## 10. Spouse - Unreimbursed Employee Expenses

As an employee, do you spend money on business related things that your employer **did not reimburse** you for?

**Yes**

**No ---> Go to section 11.**

Category	Amount
<b>Meals</b> with clients or customers.	
<b>Entertainment</b> with clients or customers.	
<b>Transportation</b> - taxi, train, bus, etc.	
<b>Travel</b> expenses while out-of-town	
<b>Union Dues</b>	

## 11. Spouse - Other Unreimbursed Employee Expenses

Are there any other business related things you spend money on that your employer **did not reimburse** you for?

**Yes**

**No ---> Go to section 12.**

Category	Amount

## 12. Spouse - Unreimbursed Business Mileage

Are there any other business related things you spend money on that your employer **did not reimburse** you for?

**Yes**

**No ---> Go to next page.**

Vehicle 1	Answer
What <b>make</b> is your car?	
What <b>model</b> is your car?	
What <b>year</b> is your car?	
When did you <b>get</b> the car? ( <i>month and year</i> )	
How many <b>total miles</b> did you drive? <i>Commuting + Business + Personal</i>	
How many <b>commuting miles</b> did you drive?	
How many <b>business miles</b> did you drive?	

If you have an additional car you use for business, please use the tables below.

Vehicle 2	Answer
What <b>make</b> is your car?	
What <b>model</b> is your car?	
What <b>year</b> is your car?	
When did you <b>get</b> the car? ( <i>month and year</i> )	
How many <b>total miles</b> did you drive? <i>Commuting + Business + Personal</i>	
How many <b>commuting miles</b> did you drive?	
How many <b>business miles</b> did you drive?	