



**ITEMIZED DEDUCTIONS**  
**20 \_\_\_\_\_ TAX YEAR**

**MEDICAL EXPENSES:**

\$ \_\_\_\_\_ BILLS PAID  
\$ \_\_\_\_\_ COPAYS PAID  
\$ \_\_\_\_\_ DEDUCTIBLES PAID  
\$ \_\_\_\_\_ EQUIPMENT AND SUPPLIES  
\$ \_\_\_\_\_ MEDICAL INSURANCE PREMIUMS  
\$ \_\_\_\_\_ LONG TERM CARE PREMIUMS PAID  
\_\_\_\_\_ MEDICAL MILES DRIVEN

**DENTAL EXPENSES:**

\$ \_\_\_\_\_ BILLS PAID  
\$ \_\_\_\_\_ COPAYS PAID  
\$ \_\_\_\_\_ DEDUCTIBLES PAID  
\$ \_\_\_\_\_ EQUIPMENT AND SUPPLIES  
\$ \_\_\_\_\_ DENTAL INSURANCE PREMIUMS  
\_\_\_\_\_ DENTAL MILES DRIVEN

**PRESCRIPTION EXPENSES:**

\$ \_\_\_\_\_ BILLS PAID  
\$ \_\_\_\_\_ COPAYS PAID  
\$ \_\_\_\_\_ DEDUCTIBLES PAID  
\$ \_\_\_\_\_ EQUIPMENT AND SUPPLIES  
\$ \_\_\_\_\_ PRESCRIPTION INSURANCE  
\_\_\_\_\_ PRESCRIPTION MILES DRIVEN

**VISION EXPENSES:**

\$ \_\_\_\_\_ BILLS PAID  
\$ \_\_\_\_\_ COPAYS PAID  
\$ \_\_\_\_\_ DEDUCTIBLES PAID  
\$ \_\_\_\_\_ EQUIPMENT AND SUPPLIES  
\$ \_\_\_\_\_ VISION INSURANCE PREMIUMS  
\_\_\_\_\_ VISION MILES DRIVEN

**TAXES YOU PAID:**

\$ \_\_\_\_\_ GENERAL SALES TAXES PAID  
\$ \_\_\_\_\_ STATE INCOME TAXES PAID  
\$ \_\_\_\_\_ REAL ESTATE TAXES PAID  
\$ \_\_\_\_\_ PROPERTY TAXES PAID  
\$ \_\_\_\_\_ VEHICLE TAG(S) AMOUNT PAID  
\$ \_\_\_\_\_ OTHER TAXES PAID  
\_\_\_\_\_

**INTEREST YOU PAID:**

\$ \_\_\_\_\_ HOME MORTGAGE INTEREST/POINTS  
\$ \_\_\_\_\_ INVESTMENT INTEREST PAID  
\$ \_\_\_\_\_ PRIVATE MORTGAGE INSURANCE (PMI)

**CASUALTY & THEFT LOSSES:**

DESCRIPTION OF PROPERTY  
\_\_\_\_\_

**GIFTS TO CHARITY:**

\$ \_\_\_\_\_ DONATIONS, OFFERINGS, AND TITHES  
*(paid by cash or check only)*  
\_\_\_\_\_ CHARITY MILES DRIVEN  
\$ \_\_\_\_\_ OTHER THAN BY CASH OR CHECK.  
*(fair market value of clothes, shoes, food, furniture, toys, vehicles, etc.)*

**UNREIMBURSED W-2 JOB EXPENSES: (Taxpayer)**

\$ \_\_\_\_\_ TRAVEL *(hotels, airfare, bus, car rentals, taxicab, train, etc.)*  
\$ \_\_\_\_\_ MEALS AND ENTERTAINMENT  
\_\_\_\_\_ BUSINESS MILES DRIVEN

Yes or No DO YOU HAVE A HOME OFFICE REQUIRED BY YOUR JOB?

\$ \_\_\_\_\_ JOB SEEKING EXPENSES PAID  
\_\_\_\_\_ JOB SEEKING MILES DRIVEN  
\_\_\_\_\_ ONE JOB TO ANOTHER JOB MILES

DRIVEN *(miles driven when working two or more Form W-2 jobs in the same day)*

**OTHER EXPENSES PAID:**

*(business cards, business cell phone, business internet service, equipment, job related education, insurance (errors and omissions, malpractice, etc.), licenses, lumper fees, membership dues, off-highway fuel, parking fees, professional organization dues, scales, showers, supplies, tolls, tools, uniforms (cleaning, clothing, work boots, work shoes), union dues, etc.)*

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

**MISCELLANEOUS DEDUCTIONS:**

\$ \_\_\_\_\_ TAX PREPARATION FEES PAID  
\$ \_\_\_\_\_ SAFE DEPOSIT BOX FEES PAID  
\$ \_\_\_\_\_ ATTORNEY AND LEGAL FEES PAID TO PRODUCE OR COLLECT TAXABLE INCOME  
\$ \_\_\_\_\_ GAMBLING LOSSES TO THE EXTENT OF WINNING