

## Itemized Deduction Checklist

Medical Expenses	Amount
Prescriptions	\$
Health Ins	\$
LTC Premiums	\$
Hospital	\$
Doctors	\$
Dental	\$
Lab/Xrays	\$
Medical Miles	#

Taxes	
Prior Year State Tax Payments	\$
Real Estate	\$
Other Property tax	\$
Boat Property Tax	\$
Auto License #1	\$
Auto License #2	\$

Interest	\$
Home Mortgage Int	\$
Other Home Loan	\$
<b><i>If paid to individual:</i></b>	
Name	
Address	
City, State	
SSN	

Day Care Information	
Name	
Address	
City, State	
SSN	
Amount	\$
Name	
Address	
City, State	
SSN	
Amount	\$

Contributions	Amount
House of Worship	\$
Payroll Deduction	\$
Goodwill	\$
Salvation Army	\$
Charity Mileage	#

Miscellaneous	\$
Union Dues	\$
Tax Prep Fees	\$
Educational Exp	\$
Job Seeking Cost	\$
Investment Cost	\$
Professional Lic	\$
Safety Deposit	\$
Work Tools	\$
Uniform Cost	\$
Uniform laundry	\$
Business Miles	#

Additional Deductions	\$
IRA Deposits	\$
SEP Deposits	\$
401K Deposits	\$

Estimated Tax payments Federal		
Date		\$
Date		\$
Date		\$
Date		\$

Estimated Tax payments State		
Date		\$
Date		\$
Date		\$
Date		\$