

Personal Taxes /Itemization

DEDUCTIONS

Name _____

Tax Year _____

MEDICAL

Prescriptions \$ _____
Doctors, dentists, etc \$ _____
Hospitals, clinics, etc. \$ _____
Labs & X-rays \$ _____
Medical aids (glasses, contacts,
hearing aids, braces, crutches,
wheelchair, etc.) \$ _____
Medical equipment and supplies \$ _____
Medical mileage _____
Parking, tolls and local
transportation for medical
activities \$ _____
Health insurance (not pre-taxed) \$ _____

DONATIONS

Cash/check/electronic (list names)

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TAXES

Sales Tax on Large items \$ _____
Real Estate Taxes \$ _____
2nd home/land taxes \$ _____

Donations (stuff) - attach donation receipt

_____ \$ _____
_____ \$ _____
_____ \$ _____

Mortgage interest

Mortgage interest \$ _____
RV interest \$ _____
Timeshare interest \$ _____
2nd home/vacation interest \$ _____
Point on new purchase \$ _____
Mortgage Ins. Prem. (not home ins) \$ _____

Daycare

Name _____
Address: _____
EIN: _____ \$ _____
Name _____
Address: _____
EIN: _____ \$ _____