

Itemized Deduction Worksheet

Taxpayer name/s

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Medical Paid Out of Pocket

	Total	Taxpayer	Spouse	Dependents
Medical mileage round trip total	-			
Medicare Premiums (for computing Special Med Sub)	-			

1 Medical insurance premiums (Not Medicare)	\$ -	\$ -	\$ -	\$ -
2 Doctors, dentists, copays	\$ -	\$ -	\$ -	\$ -
3 Prescription drugs	\$ -	\$ -	\$ -	\$ -
4 Laboratory services	\$ -	\$ -	\$ -	\$ -
5 Nursing help (not for healthy baby or housework)	\$ -	\$ -	\$ -	\$ -
6 Hospital bills	\$ -	\$ -	\$ -	\$ -
7 Prescription eyeglasses, hearing aids, crutches, etc.	\$ -	\$ -	\$ -	\$ -
8 Long Term Care Insurance Premiums	\$ -	\$ -	\$ -	\$ -
9 Other (explain)	\$ -	\$ -	\$ -	\$ -
TOTAL:	\$ -	\$ -	\$ -	\$ -

Itemized Deduction Worksheet

Other than Medical

Taxes you paid

1 Real estate taxes	\$ -
2 Personal property taxes	\$ -
3 Other taxes (explain)	\$ -
4	\$ -

Interest you paid

1 Home mortgage interest (reported on Form 1098)	\$ -
2 Home mortgage interest (not reported on Form 1098)	\$ -
3	\$ -

Property donated to charities for which you have receipts

1	\$ -	
2	\$ -	Total:
3	\$ -	\$ -

Cash gifts to charities for which you have receipts

1 Church	\$ -	
2 Other charities	\$ -	
3	\$ -	Total:
4	\$ -	\$ -

Miscellaneous Deductions

1 Gambling losses to the extent of winnings	\$ -
2	\$ -