

## Itemized Deductions - Tax Preparation Checklist

### Medical & Dental

Doctor \$ \_\_\_\_\_  
 Doctor \$ \_\_\_\_\_  
 Operations \$ \_\_\_\_\_  
 Prescription Drugs \$ \_\_\_\_\_  
 Medical/Dental Insurance \$ \_\_\_\_\_  
 Long-Term Care Insurance \$ \_\_\_\_\_  
 Hospital & Emergency \$ \_\_\_\_\_  
 Lab & X-Ray \$ \_\_\_\_\_  
 Visiting Nurses/In-home Care \$ \_\_\_\_\_  
 Dental \$ \_\_\_\_\_  
 Dentures/Braces \$ \_\_\_\_\_  
 Glasses/Contacts \$ \_\_\_\_\_  
 Hearing Aids & Batteries \$ \_\_\_\_\_  
 Orthopedic Shoes \$ \_\_\_\_\_  
 Therapy Treatments \$ \_\_\_\_\_  
 Canes/Crutches/Braces \$ \_\_\_\_\_  
 Wheelchairs \$ \_\_\_\_\_  
 Doctors Prescribed:  
     Air Conditioning \$ \_\_\_\_\_  
     Vaporizers \$ \_\_\_\_\_  
     Thermometers \$ \_\_\_\_\_  
     Bandages \$ \_\_\_\_\_  
     Other \$ \_\_\_\_\_  
 Medical Miles Driven \$ \_\_\_\_\_  
 Medical Transportation \$ \_\_\_\_\_  
 Ambulance \$ \_\_\_\_\_  
 Medical Lodging \$ \_\_\_\_\_

### Taxes

Home Real Estate Tax \$ \_\_\_\_\_  
 Other Property Tax \$ \_\_\_\_\_  
 State Intangible tax \$ \_\_\_\_\_  
 State Sales Tax \$ \_\_\_\_\_

### Interest

Home Mortgage 1st \$ \_\_\_\_\_  
 Home Mortgage 2nd \$ \_\_\_\_\_  
 Other Home Mortgage \$ \_\_\_\_\_  
 Points Paid at Closing \$ \_\_\_\_\_  
 Investment Interest \$ \_\_\_\_\_

### Contributions

House of Worship \$ \_\_\_\_\_  
 College \$ \_\_\_\_\_  
 United Way \$ \_\_\_\_\_  
 March of Dimes \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 value of furniture/clothing given \$ \_\_\_\_\_  
 Volunteer work expenses:  
     Church, Scouts, etc. \$ \_\_\_\_\_  
     Auto Miles Driven \$ \_\_\_\_\_

### Miscellaneous

Union Dues \$ \_\_\_\_\_  
 Tax Preparation Fee \$ \_\_\_\_\_  
 Educational Expense \$ \_\_\_\_\_  
 Job Seeking Costs \$ \_\_\_\_\_  
 Investment Expense \$ \_\_\_\_\_  
 Professional Licenses \$ \_\_\_\_\_  
 Trade/Prof. Journals \$ \_\_\_\_\_  
 Safe Deposit Box \$ \_\_\_\_\_  
 Safety Equipment \$ \_\_\_\_\_  
 Work Tools \$ \_\_\_\_\_  
 Employment/Job Seeking Fees \$ \_\_\_\_\_

### Business Expenses

Telephone \$ \_\_\_\_\_  
 Business Meals/Entertainment \$ \_\_\_\_\_  
 Business Travel \$ \_\_\_\_\_  
 Vehicle Use \_\_\_\_\_  
     Total Miles \_\_\_\_\_  
     Non-Commute Miles for Work \_\_\_\_\_  
     Miles Driven to 2nd Job \_\_\_\_\_  
 Uniform Cost \$ \_\_\_\_\_  
 Uniform Cleaning \$ \_\_\_\_\_  
 Professional Societies \$ \_\_\_\_\_

### Self-Employed Business Expenses

Advertising \$ \_\_\_\_\_  
 Car & Truck Expenses \$ \_\_\_\_\_  
 Legal & Professional Services \$ \_\_\_\_\_  
 Office Expenses \$ \_\_\_\_\_  
 Rent or Lease Payments \$ \_\_\_\_\_  
 Utilities/Telephone \$ \_\_\_\_\_  
 Repairs & Maintenance \$ \_\_\_\_\_  
 Supplies \$ \_\_\_\_\_  
 Taxes & Licenses \$ \_\_\_\_\_  
 Travel \$ \_\_\_\_\_  
 Meals \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

### Child Care Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 SS#/ID#: \_\_\_\_\_  
 Amount: \_\_\_\_\_

### Other Information

Alimony Payments \$ \_\_\_\_\_  
     Recipient: \_\_\_\_\_  
     SS#: \_\_\_\_\_  
 Moving Expenses \$ \_\_\_\_\_  
 Casualty losses (Fire, Theft, etc.) \$ \_\_\_\_\_  
 Quarterly Taxes Paid \$ \_\_\_\_\_

