# ITEMIZED DEDUCTIONS WORKSHEET

## NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You can itemize **if** your expenses exceed the standard deduction:

**Single** - $6,100 **Married filing joint** - $12,200 **Head of Household -** $8950

**MEDICAL & DENTAL** (Expenses must exceed 10.0% of adjusted gross income), (if under 65 years of age),

(7.5% if over 65 years of age).

Prescription medicines, drugs & insulin . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctors, dentists, nurses, hospitals . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance premiums . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation for medical care – $0.24/mile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lodging for medical care . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: (hearing aids, dentures, eyeglasses, air conditioners, & air purifiers purchased for

 Medical reasons) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### TAXES

Sales Tax Paid on large purchases (vehicle, boat etc….) . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Fed, state & local income taxes paid in 2013 for 2013. . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance of Fed, state & local income tax paid in 2014 for 2013. . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School, county, & local real estate tax . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal property tax . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other taxes: Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### INTEREST PAID

Home mortgages – bank . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home mortgage – individual (SS #\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_) . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Points not reported to you on Form 1098 & paid in 2013 . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home equity loan . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interest paid to maintain investments . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### CONTRIBUTIONS

Cash or check contributions (church, United Fund, etc.) . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For a single gift of $250 or more you must have signed receipt)

Other than cash (used clothing, Red Cross, Little League, food donations to tax exempt

organizations: fire co. boy scouts, etc.) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If “Other than Cash” exceeds $500, list items and dollar value).

(OVER PLEASE)

Travel for charitable work (boy scouts, Little League, church, etc.)

# of miles for above \_\_\_\_\_\_\_\_\_\_X .14 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### CASUALTY & THEFT

Losses NOT covered by insurance coverage . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### MOVING EXPENSES : 24 cents/mile for moving

# miles from old home to old job \_\_\_\_\_\_\_\_\_\_, # miles from old home to new job \_\_\_\_\_\_\_\_\_\_

(If the difference is more than 50 mi. you can deduct moving expenses)

Actual moving expenses (transporting, etc.) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MISCELLANEOUS DEDUCTIONS** (Subject to a 2% limitation)

Union Dues . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Dues & Licenses . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Books or Subscriptions . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Continuing Education . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Books & Supplies to keep tax records . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax return preparation fee . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mileage to tax preparer . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safe Deposit Box . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Uniforms . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Launder Uniforms . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Tools (scissors, flashlights, etc.) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safety Equipment (shoes, gloves, glasses, etc.) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### EMPLOYEE BUSINESS EXPENSES

Miles traveled in your auto for your company not reimbursed . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Miles traveled from your Job #1 to Job #2 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Miles traveled to temporary jobs over 35 miles one way . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lodging expenses NOT reimbursed for temporary job . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals NOT reimbursed for temporary job. Actual cost $ \_\_\_\_\_\_\_\_\_\_ No. of days \_\_\_\_\_\_\_\_\_\_

**SALESMAN – OTHER EXPENSES**

WHAT AMOUNT WHAT AMOUNT

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