ITEMIZED DEDUCTIONS WORKSHEET

NAME	
You can itemize if your expenses exceed the standard deduction: Single - \$4750, Married filing joint - \$9500, Head of Household - \$700	00
MEDICAL & DENTAL (Expenses must exceed 7.5% of adjusted gross income)	
Prescription medicines, drugs & insulin	
Doctors, dentists, nurses, hospitals	
Insurance premiums	
Transportation for medical care – milesX.12	
Lodging for medical care	
Other: (hearing aids, dentures, eyeglasses, air conditioners, & air purifiers purchased for	or
Medical reasons)	
<u>TAXES</u>	
Estimated state & local income taxes paid in 2003 for 2003	
Balance of state & local income tax paid in 2004 for 2003	
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 2002	
Home equity loan	
Interest paid to maintain investments	
<u>CONTRIBUTIONS</u>	
Cash or check contributions (church, United Fund, etc.) (For a <u>single gift</u> 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.)	
Travel for charitable work (boy scouts, Little League, church, etc.) # of miles for aboveX .14(OVER PLEASE)	

CASUALIY & THEFT			
Losses NOT covered by insurance of	overage		
MOVING EXPENSES			
# miles from old home to old job	, # miles	from old home to new job	<u>-</u>
(If the difference is more than 50 m	ni. you can deduct	moving expenses)	
Actual moving expenses (transporti	ng, etc.)		
MISCELLANEOUS DEDUCTIONS (Su	bject to a 2% limi	tation)	
Union Dues			
Professional Dues & Licenses			
Professional Books or Subscriptions	S		
Continuing Education			
Books & Supplies to keep tax recor	ds		
Tax return preparation fee			
Mileage to tax preparer			
Safe Deposit Box			
Work Uniforms			
Launder Uniforms			
Work Tools (scissors, flashlights, et	c.)		
Safety Equipment (shoes, gloves, g	lasses, etc.)		
EMPLOYEE BUSINESS EXPENSES			
Miles traveled in your auto for your	company not reim	bursed	
Miles traveled from your Job #1 to .	Job #2		
Miles traveled to temporary jobs ov	er 35 miles one w	ay	
Lodging expenses NOT reimbursed	for temporary job		
Meals NOT reimbursed for tempora	ıry job. Actual cos	t \$ No. of days	
SALESMAN - OTHER EXPENSES			
WHAT	AMOUNT	WHAT	AMOUNT

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