

ITEMIZED DEDUCTIONS WORKSHEET

NAME _____

YEAR _____

You can itemize if your expenses exceed the standard deduction:
Single - \$4750, **Married filing joint** - \$9500, **Head of Household** - \$7000

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 - miles _____ X .12 _____
Lodging for medical care _____
Other: (hearing aids, dentures, eyeglasses, air conditioners, & air purifiers purchased for
Medical reasons) _____

TAXES

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 _____

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).
Travel for charitable work (boy scouts, Little League, church, etc.)
of miles for above _____ X .14 _____

(OVER PLEASE)

