

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 \$ _____

