

KATHY PAVLOVSKY, CPA
ITEMIZED DEDUCTION WORKSHEET

MEDICAL EXPENSES

Medical & Dental Expenses _____
 Hospital Bills _____
 Nursing Home _____
 Glasses & Contacts _____
 Hearing Aids _____
 Other: _____

 Total: _____

INSURANCE

Insurance Premiums _____
 Long Term Care Premiums _____
 Medicare Premiums _____
 Nursing Home Insurance: _____
 Taxpayer _____
 Spouse _____
 Prescription Medications _____
 Medical Miles driven _____
 Total: _____
 Less: _____
 Insurance Reimbursements (_____)
 Medical Lodging _____

Total Medical: _____

TAXES

State Taxes Paid _____
 Real Estate Taxes paid _____
 Sales Tax- Major Purchases _____
 Sales Tax- Actual _____
 Other: _____

 Total: _____

INTEREST

Mortgage Interest _____
 Points (Form 1098) _____
 Mortgage Interest paid to private individual:
 Name: _____
 SSN: _____
 Address: _____
 City _____ St _____ Zip _____
 Total: _____

OTHER EXPENSES

Prepaid mortgage insurance _____
 Refinancing points paid _____
 Investment Interest _____
 Total Other: _____

CHARITABLE CONTRIBUTIONS

CASH

Church Offerings _____
 Cancer/Heart _____
 Other Cash donations _____
 Total Cash: _____

Volunteer Miles driven _____

NON CASH/ GOODS

Goodwill/Salvation Army _____
 Red Cross _____
 United Way _____
 Other: _____

Total Non cash: _____

* Need receipts for all charitable gifts

OTHER MISC DEDUCTIONS

Gambling losses _____
 Other: _____

 Total Misc. _____

Total Itemized Deductions _____