

ITEMIZED DEDUCTIONS WORKSHEET

(For the Year 20__)

- **MEDICAL EXPENSES**

Prescriptions _____
Health Insurance _____
Long-term Care Premiums _____
Doctor _____
Dentist _____
Clinic Exams _____
Lab Fees _____
Eyeglasses and Contact Lenses _____
Medical Equipment and Supplies _____
Miles Driven for Medical Purposes _____

- **TAXES**

Car Tags _____
Property (Home) _____
State Refund _____

- **CONTRIBUTION (Note: No contributions to Individuals are allowed)**

Name of Church _____
Church Tithes _____

Goodwill Donations _____
Salvation Army Donation _____
Travel for Charity _____
Prior Year contributions not taken _____

- **MORTGAGE INTEREST**

Name of Lender _____

- **CASUALTY AND THEFT LOSSES**

Federally-Declared Disaster Areas ONLY

- **Educator Expenses (Teachers)**
