

# ITEMIZED DEDUCTIONS WORKSHEET

NAME \_\_\_\_\_ YEAR \_\_\_\_\_

You can itemize **if** your expenses **exceed** the standard deductions\*:

**Single or Married Filing Separately** - \$12,550, **Married Filing Jointly or Qualified Widow** - \$25,100

**Head of Household** - \$18,800

*\*Other rates may apply depending your age, disability, or dependency status*

## MEDICAL & DENTAL (Expenses must exceed 7.5% of adjusted gross income)

Prescription medicines, drugs & insulin .....

Doctors, dentists, nurses, hospitals .....

Insurance premiums .....

Long-Term Care Premiums .....

Transportation for medical care -miles \_\_\_\_\_ x.17 .....

Lodging for medical care .....

Other: (hearing aids, dentures, eyeglasses, air conditioners, & air purifiers purchased for Medical reasons)

.....

## TAXES

State and Local Income Taxes ..... or General Sales Taxes .....

Real Estate Taxes .....

Personal Property Taxes.....

Other.....

## INTEREST PAID

Home Mortgage Interest Paid ..... (1st) ..... (2nd) .....

Home Mortgage Interest not reported on Form 1098 & paid in 2020 (SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_).....

Name \_\_\_\_\_ Address .....

Mortgage Insurance Premiums ..... Investment Interest Paid.....

(OVER PLEASE)

**CONTRIBUTIONS**

Cash or check contributions (church, United Fund, etc.).....  
(For a single gift of \$250 or more you must have **signed documentation**)

Other than cash (clothing, furniture, household items, food, etc.).....

Travel for charitable work -#of miles \_\_\_\_\_ x .14 .....

**CASUALTY & THEFT**

Losses NOT covered by insurance.....

**OTHER EXPENSES**

WHAT	AMOUNT	WHAT	AMOUNT

**I certify that the above information represents actual expenses incurred for my tax return and that I hold the actual receipts and/or contemporaneous records to support all deductions, expenses, and adjustments.**

Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_