

Schedule A - Itemized Deductions

Client Name _____ Date _____

Insurance Premiums

Medicare	\$
Other Medical Insurance	\$
Long Term Care - Taxpayer	\$
Long Term Care - Spouse	\$
Dental/Vision/Other	\$

Medical Expenses

Number of Medical Miles	miles
Lodging Expenses	\$
Doctors/Dentists	\$
Hospitals/Nursing Homes	\$
Prescriptions	\$
Labs/X-rays	\$
Medical Equipment	\$
Other	\$

Taxes

State Income Taxes	\$
Sales Tax (Large Items)	\$
Real Estate Tax	\$
Vehicle License Tax	\$

Schedule A - Itemized Deductions (cont.)

Client Name _____ Date _____

Mortgage Interest

Mortgage Interest Paid

Provide Form 1098

Mortgage Interest No 1098

\$

Lender Name

--

Street

--

City, State, Zip

--

SSN or EIN

--

Gifts to Charity

Gifts by Cash or Check

\$

Charitable Miles

\$

Non-Cash Gifts

\$

Total Less than \$500

Non-Cash Gifts

\$

Total more than \$500 - Complete Non-Cash Gift Organizer

Other Miscellaneous Deductions

Gambling Losses

\$

Other

	\$
--	----

Other

	\$
--	----

Other

	\$
--	----