

ITEMIZED DEDUCTIONS

Year: _____

Name _____

	Initials	Date
Prepared by:		
Approved by:		

MEDICAL and DENTAL (If gross amounts, fill in reimbursements)					
Medical insurance	\$		Glasses	\$	
			Hearing aid		
			Doctors		
Drugs			Dentists		
			Nurses		
Hospitals					
			Total		
Parking			Less reimbursements		
Transportation			Net	\$	
CONTRIBUTIONS (see separate worksheet for non-cash contributions)					
Cancer	\$		Community Chest	\$	
Christmas Seals			Church or Temple		
Easter Seals					
March of Dimes					
Red Cross					
Salvation Army					
Public Broadcasting					
Boy Scouts/Girl Scouts					
			Total	\$	
TAXES		INTEREST			
Residence	\$		Residence mortgage	\$	
Other real estate			Second home mortgage		
State income tax			Qualifying home equity		
Personal property tax					
Other state income tax					
Local income tax					
			Total	\$	
MISCELLANEOUS ITEMIZED DEDUCTIONS					
	\$		Safe deposit box	\$	
Union dues			Investment fees		
Income tax preparation			Investment expense		
Safety shoes					
Small tools					
Uniforms					
Cleaning/maintenance uniforms					
			Total	\$	