

# ITEMIZED DEDUCTIONS – 2019

Name(s) \_\_\_\_\_

## Medical & Dental Expenses

(complete only if over 10% of your AGI for those younger than 65. 7.5% for others)

Medical and Medicare Insurance Premiums .....	\$ _____
Long-Term Care Premiums .....	\$ _____
Prescriptions/Medicine .....	\$ _____
Doctor Visits .....	\$ _____
Dentist .....	\$ _____
Hospital Visits .....	\$ _____
Eyeglasses, Hearing Aids .....	\$ _____
Medical Equipment (list) _____	\$ _____
Other Medical Expenses (list) _____	\$ _____
Medical Mileage (# of miles) .....	\$ _____

## Taxes (paid by you in 2019)

Sales Tax on Auto(s)/Other Vehicles .....	\$ _____
Real Estate Taxes .....	\$ _____
Personal Property Taxes (paid in calendar year 2019 only) .....	\$ _____

## Interest (paid by you in 2019)

Home Mortgage or Home Equity Loan	Did you Refinance?	Yes	No
Paid to: _____	\$ _____	_____	_____
Paid to: _____	\$ _____	_____	_____
Points (paid in 2019) .....	\$ _____	_____	_____

## Charitable Contributions

<b>Cash and Check Donations:</b>	
Church (list) _____	\$ _____
Charitable Organizations (list) _____	\$ _____
<b>Other Non-Cash Donations:</b>	
Goodwill/Am/Vets/Salvation Army, etc. _____	\$ _____
(itemized list required for donations over \$500)	
Charitable Mileage: # of miles .....	_____
Any ONE contribution in excess of \$250 must have a receipt (cancelled checks are unacceptable)	

## Employment and Miscellaneous Expenses (some of these may apply only to STATE deductions)

<b>Auto Expenses</b> (detailed and accurate records required)	
Auto Description (make/model/year) _____	
# of Total Annual Miles .....	_____
# of Total Business Miles .....	_____
Investment Expenses or IRA Fees .....	\$ _____
Job-Seeking Expenses .....	\$ _____
Tax Preparation Fees (paid in 2019) .....	\$ _____
Tools and Safety Equipment (itemized list required) .....	\$ _____
Safe Deposit Rental .....	\$ _____
Uniforms, Education Expenses (itemized list required – these must be required for work) .....	\$ _____
Union/Professional Dues .....	\$ _____
Moving Expenses (detailed records required) .....	\$ _____

Questions for your tax preparer or additional information should be attached.