ITEMIZED DEDUCTIONS CHECKLIST (PAID IN 2017)

Medical Expenses: HSA/FSA plan? Y N

Prescription Drugs $_____
Health Ins. Premiums $_____
Medicare Premiums $_____
Dental Ins. Premiums $_____
Long-Term Care Ins. $_____
Doctors & Dentists $_____
Counseling $_____
Physical Therapy $_____
Other: …… $_____
Hospital & Skilled Nursing $_____
Convalescent & L-T Care $_____
Medical Lodging $_____
Medical Mileage _____mi.
Lab & X-ray $_____
Glasses/Hearing Aids $_____
Insurance Reimbursement $_____

Taxes:

Real Estate: Residence $_____
2nd/Vacation Home $_____
Investment Prop. $_____
Sales Tax on large purchases $_____
Personal Property Tax $_____
2016 State Taxes (pd '17) $_____
Auto DMV Fees $_____
Auto DMV Fees $_____
Other DMV Fees $_____

2017 Est. Taxes Paid:

1st qtr. Fed_____ CA_____ Date_____
2nd qtr. Fed_____ CA_____ Date_____
3rd qtr. Fed_____ CA_____ Date_____
4th qtr. Fed_____ CA_____ Date_____

Interest

Prin. Residence Mtg.* $_____
2nd/Vacation Hm. Mtg.* $_____
Home Equity Loan* $_____
Investment Loans $_____
Educational Interest $_____
Points $_____
PMI – Mortgage Insurance $_____
* If paid to individuals, list:
Name ……..……
Address ……..……
……..……
SSN ……..……

Contributions:

(starting 8-17-07 cash contributions must be receipted)

House of Worship $_____
…… $_____
…… $_____
…… $_____
…… $_____
…… $_____
Volunteer expenses $_____
Goods ……. $_____
Goods ……. $_____
Charity mileage _____mi.
Other: ……. $_____

Employee Business Expenses:

Union Dues $_____
Educational Expense $_____
Job Seeking Costs $_____
Professional Licenses $_____
Trade/Prof. Journals $_____
Safety Equipment $_____
Work Tools $_____
Business Telephone $_____
Uniform Cost $_____
Uniform Laundry $_____
Prof. Societies $_____
Teacher Expenses…… $_____
Business Mileage during 2017 _____mi.
Total Car Mileage during 2017 _____mi.

Miscellaneous Expenses:

Alimony Payment* $_____
IRA Deposits (Trad/Roth) $_____
SEP Deposits $_____
Keogh Deposits $_____
Safe Deposit Box $_____
Tax Prep. Fees $_____
Investment Expense $_____
Legal Expenses re: Income $_____
Child Care Expenses* $_____
College Ed. Costs $_____

***Alimony/Child Care Information:**

Name ……..……
Address ……..……
……..……
SSN/Fed. ID No ……..