

**ITEMIZED DEDUCTIONS CHECKLIST (PAID IN 2023)**

**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                    \$ \_\_\_\_\_

                  2<sup>nd</sup>/Vacation Home                    \$ \_\_\_\_\_

                  Investment Prop.                    \$ \_\_\_\_\_

Sales Tax on large purchases                    \$ \_\_\_\_\_

Personal Property Tax                    \$ \_\_\_\_\_

2022 State Taxes (pd '23)                    \$ \_\_\_\_\_

Auto DMV Fees                    \$ \_\_\_\_\_

Auto DMV Fees                    \$ \_\_\_\_\_

Other DMV Fees                    \$ \_\_\_\_\_

**2023 Est. Taxes Paid:**

1<sup>st</sup> qtr. Fed \_\_\_\_\_ CA \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> qtr. Fed \_\_\_\_\_ CA \_\_\_\_\_ Date \_\_\_\_\_

3<sup>rd</sup> qtr. Fed \_\_\_\_\_ CA \_\_\_\_\_ Date \_\_\_\_\_

4<sup>th</sup> qtr. Fed \_\_\_\_\_ CA \_\_\_\_\_ Date \_\_\_\_\_

**Interest**

Prin. Residence Mtg.\*                    \$ \_\_\_\_\_

2<sup>nd</sup>/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/Laundry                    \$ \_\_\_\_\_

Prof. Societies                    \$ \_\_\_\_\_

Teacher Expenses.....                    \$ \_\_\_\_\_

Business Mileage 2023                    \_\_\_\_\_ mi.

Total Car Mileage during 2023                    \_\_\_\_\_ 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                    \$ \_\_\_\_\_

Childcare Expenses\*                    \$ \_\_\_\_\_

College Ed. Costs                    \$ \_\_\_\_\_

**\*Alimony/Child Care Information:**

Name .....

Address .....

.....

SSN/Fed. ID No .....