

ITEMIZED DEDUCTIONS CHECKLIST (PAID IN 2018)

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 \$ _____
2017 State Taxes (pd '18) \$ _____
Auto DMV Fees \$ _____
Auto DMV Fees \$ _____
Other DMV Fees \$ _____

2018 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 2018 _____ mi.
Total Car Mileage during 2018 _____ 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