

## Schedule A- Itemized Deductions worksheet

### Taxes

*Note: The IRS is very particular about property tax deductions. Include any state local or foreign taxes on real property, charged uniformly against all property in the jurisdiction, based on the assessed value. 'General Property Tax.' Exclude local benefit taxes for improvement, such as assessments for streets, sidewalks and sewer lines. These can be added to the cost basis of your property to be used against capital gains.*

1. State Tax - OR- Sales Tax Deduction—if Sales Tax deduction (primarily used in states without State tax, such as Washington State)
  - a. Sales Tax Rate in your zip code \_\_\_\_\_% [State Tax shows up with State Tax Return.]
2. Vehicle/Boat/ Plane/ RV/ trailer registration fees (tabs)..tax portion only...no donations, plate renewals, etc.) \$\_\_\_\_\_
3. Residential Property Tax:
  - a. 1<sup>st</sup> Home \$\_\_\_\_\_
  - b. 2<sup>nd</sup> home (includes house/rv/boat with kitchen/ timeshare) tax \$\_\_\_\_\_

### Mortgage

Is all money used in mortgage to purchase or remodel your home? YES \_\_\_ NO \_\_\_

If no, please indicate principal amount of mortgage not for home \$\_\_\_\_\_

If you refinanced, please provide one-page HUD statement for breakdown of deductible items.

### Charity

1. Any cash donations (via check, credit card, etc) must be listed separately (e.g. Breast Cancer Foundation \$100; Firefighters \$25; Boy Scouts of America \$50, etc.). Please include name of the organization and total amount of contribution for the year:
  - a. Donation 1 \_\_\_\_\_
  - b. Donation 2 \_\_\_\_\_
  - c. Donation 3 \_\_\_\_\_
  - d. Donation 4 \_\_\_\_\_
  - e. Donation 5 \_\_\_\_\_
2. Any non-cash donations (e.g. Goodwill) must be listed per donation date and must have a receipt if that bundle was worth more than \$250 to the donation recipient. Describe types of items donated, name and general address (city and state), date, thrift store resale value. (e.g. Household Goods, Goodwill; Tacoma, WA; 03/03/0X; \$125). Please include name, address, and phone number of the organization and total amount of contribution for the year:
  - a. Donation 1 \_\_\_\_\_
  - b. Donation 2 \_\_\_\_\_
  - c. Donation 3 \_\_\_\_\_
  - d. Donation 4 \_\_\_\_\_
  - e. Donation 5 \_\_\_\_\_

## Casualty and Theft Losses

If you had a major accident or damage to personal belongings and were not fully reimbursed by insurance, your out of pocket expenses are deductible. Please include description of the casualty and/or theft below as well as the total expenses incurred:

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## Job Expenses and Certain Miscellaneous Deductions

1. Unreimbursed Job Expenses (Union dues, uniforms, fees, travel, books, etc.) \$ \_\_\_\_\_  
(please provide details)
2. Tax Preparation Fees \$ \_\_\_\_\_
3. Investment Fees (broker fees, annual fees, etc.) \$ \_\_\_\_\_
4. Safe Deposit Box \$ \_\_\_\_\_

## Medical

*Note: Only add this up if it turns out to be a lot as you only get to deduct medical if the total is more than 7.5% of your gross taxable income (e.g. Total Household Gross Income \$70,000 x 7.5% = \$5,250.00; the first \$5,250 is not deductible in this scenario.)*

Co-Pays/ out of pocket expense for:

1. Lab \$ \_\_\_\_\_
2. Dental \$ \_\_\_\_\_
3. Dr. Office Visits \$ \_\_\_\_\_
4. Vision \$ \_\_\_\_\_
5. Prescription \$ \_\_\_\_\_
6. Other (wheelchair, crutches, etc.) \$ \_\_\_\_\_
7. Self-Employed Premiums (if applicable) \$ \_\_\_\_\_
8. [Non-Self Employed] Insurance Premiums Paid (do not include any amount deducted out of paycheck) \$ \_\_\_\_\_
9. Long-Term Health Care Premiums \$ \_\_\_\_\_