

Tax year _____ Name: _____
Itemized - Schedule A Expense List

Itemized Deductions - Schedule A

Medical Expenses - Payments made for:

If estimated total is under 10% of income (or 7.5% if 65+ years old), skip Medical

____ Prescriptions (not over the counter vitamins)
____ Doctors, therapy, nursing, laboratory
____ Hospitals & clinics
____ Long term care insurance premiums
____ Primary care health insurance
____ Parking at the doctor, lab, hospital...
____ Medical equipment - eyeglasses, rented equip, hearing aids etc
____ Medical home repairs
____ Travel
____ Medical miles driven
____ Other - description _____

Taxes: Sales tax on large purchases (e.g. car)

Taxes: Property tax payments - Property name

Taxes: DMV for non business vehicles - name of car

Interest: Mortgage interest - Property name

Interest: Investment & Margin interest - name of source

Tax year _____ Name: _____

Itemized - Schedule A Expense List

Charitable Contributions

_____ Cash, check, PayPal, credit card charge charitable contributions
Provide back-up (detailed list and receipts)

_____ Non-Cash, In Kind contributions
Provide receipts showing date, description, value of donation
Provide APPRAISAL for car, art, land donations

_____ Out of Pocket expenses on behalf of a charity, volunteer expenses
Provide list of amounts, dates, description

_____ Miles driven on behalf of charity

Miscellaneous Deductions (subject to 2% AGI)

Investment expenses

_____ IRA Fees
_____ Broker fees - acct name _____
_____ Broker fees - acct name _____
_____ Broker fees - acct name _____
_____ Other - description _____

_____ Tax Preparation Fees
_____ Safe Deposit Box
_____ Accounting Advice
_____ Legal expenses related to taxable income or deductions

Gambling losses
