

Tax year _____ Name: _____

Itemized - Schedule A Expense List

Itemized Deductions - Schedule A

Medical Expenses - Payments made for:

Skip this medical section if estimated total is under 7.5% of income

- _____ Prescriptions (not over the counter vitamins)
- _____ Doctors, therapy, nursing, laboratory
- _____ Hospitals & clinics
- _____ Taxpayer - Long term care insurance premiums
- _____ Spouse - Long term care insurance premiums
- _____ Primary care health insurance - not employer paid
- _____ Parking at the doctor, lab, hospital...
- _____ Home caregivers
- _____ ADA compliance improvements
- _____ Medical equipment - eyeglasses, rented equip, hearing aids etc
- _____ Medical home repairs
- _____ Travel to and from medical facilities (air, train...)
- _____ Medical miles driven
- _____ Other - description _____

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

Taxes: Property tax payments Personal and Vacation homes - Property name

Taxes: Property tax payments - Investment property - Property name (non-rental)

Taxes: DMV for non business vehicles - name of car

Interest: Mortgage interest Personal & Vacation home - Property name

Interest: Mortgage interest - Investment - Property name (non-rental)

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

Other notes or questions? _____