

Schedule A Tax Deduction Worksheet

Tax Year 20__

MEDICAL EXPENSES	
Insurance Premiums	\$ _____
Medicare Premiums (withheld from soc. security)	\$ _____
Prescriptions	\$ _____
Long Term Care Insurance Premiums	\$ _____
Doctor (Name: _____)	\$ _____
Dentist (Name: _____)	\$ _____
Dentist (Name: _____)	\$ _____
Hospital Care	\$ _____
Laboratory & X-Ray Costs	_____
Miles Driven for Medical Care	_____
Medical Travel (parking, taxis, airfare, etc.)	\$ _____
Medical Travel (lodging)	\$ _____
Ambulance Costs	\$ _____
Glasses, Contacts & Eye Exams	\$ _____
Hearing Aids & Batteries	\$ _____
Prosthetic Appliances	\$ _____
Sick Room Supplies & Appliances	\$ _____
In Home Attendant or Nursing Service	\$ _____
Insurance Reimbursements (for amounts listed above)	\$ _____

CASUALTY	
Total Casualty Loss (attach documentation)	\$ _____
Examples: Theft, Earthquake, Fire, Flood	

ADJUSTMENTS TO INCOME	
Archer MSA Deduction	\$ _____
Business Expenses (reservists, artists, & fee-based officials)	\$ _____
Moving Expenses (work related)	\$ _____
SEP, SIMPLE & Qualified Plan Contributions	\$ _____
Alimony Paid (Name & SSN: _____)	\$ _____
IRA Deductions	\$ _____
Student Loan Interest Paid	\$ _____
Jury Duty Pay (Given to Your Employer)	\$ _____

TAXES PAID	
State Income Tax (prior year return)	\$ _____
State Income Tax (current year estimate)	\$ _____
State Income Tax Withheld (from W-2)	\$ _____
SDI Withheld (from W-2)	\$ _____
Real Estate Taxes (attach appropriate form)	\$ _____
Personal Property Tax	\$ _____
DMV Registration	\$ _____
Other (Desc.: _____)	\$ _____

PLEASE SIGN BELOW	
Please print your name	
Please sign your name	Date

CONTRIBUTIONS	
CASH CONTRIBUTIONS:	
Church (Name: _____)	\$ _____
Other (Name: _____)	\$ _____
Other (Name: _____)	\$ _____
Other (Name: _____)	\$ _____
Other (Name: _____)	\$ _____
Other (Name: _____)	\$ _____
NON-CASH CONTRIBUTIONS:	
Church (Name: _____ Cost: \$ _____	
Desc.: _____)	
Other (Name: _____ Cost: \$ _____	
Desc.: _____)	
Miles Driven for Charity	_____

Please attach any and all receipts

INTEREST PAID	
Home Mortgage Interest (attach form 1098)	\$ _____
Home Mortgage Interest (attach form 1098)	\$ _____
Home Mortgage Interest (attach form 1098)	\$ _____
Home Mortgage Interest (attach form 1098)	\$ _____
Home Mortgage Interest (other)	\$ _____
Home Mortgage Interest (other)	\$ _____
Mortgage Interest Paid to an Individual	\$ _____
Name: _____	
Address: _____	
City, State, Zip: _____	

Points Paid on Mortgage Loan	\$ _____
Points Paid on Mortgage Loan	\$ _____

If you refinanced your primary or secondary residence or sold your home, please bring the settlement sheet

MISCELLANEOUS	
UN-REIMBURSED BUSINESS EXPENSES:	
Auto Expense (gas, repairs, etc.)	\$ _____
Business Miles	_____
Business Phones	\$ _____
Business Travel	\$ _____
Commuting Miles	_____
Meals & Entertainment	\$ _____
Other Miles	_____
Safety Equipment	\$ _____
Small Tools	\$ _____
Teaching Expenses	\$ _____
Uniform & Cleaning Fees	\$ _____
MISCELLANEOUS EXPENSES	
Education Fees	\$ _____
Investment Expense	\$ _____
Job Search Fees	\$ _____
Legal Fees	\$ _____
Safe Deposit Box	\$ _____
Subscriptions (trade journals)	\$ _____
Tax Preparation Fee	\$ _____