

# 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: \_\_\_\_\_) \$ \_\_\_\_\_  
Doctor (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
Doctor (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
Doctor (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
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.: \_\_\_\_\_) \$ \_\_\_\_\_  
Other (Desc.: \_\_\_\_\_) \$ \_\_\_\_\_  
Other (Desc.: \_\_\_\_\_) \$ \_\_\_\_\_  
Other (Desc.: \_\_\_\_\_) \$ \_\_\_\_\_

## PLEASE SIGN BELOW

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Please sign your name

\_\_\_\_\_  
Date

## CONTRIBUTIONS

### CASH CONTRIBUTIONS:

Church (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
Church (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
Church (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
Church (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 \$ \_\_\_\_\_

