

## 2019 ITEMIZED DEDUCTION WORKSHEET

Standard Deduction (Single \$12,200, Head of Household \$18,350, Married \$24,400)

### MEDICAL EXPENSES

Chiropractors \_\_\_\_\_  
 Clinics & Hospital Bills \_\_\_\_\_  
 Dentists & Dental Work \_\_\_\_\_  
 Hearing Aids \_\_\_\_\_  
 Nursing Home \_\_\_\_\_  
 Optometry, Glasses, Contacts \_\_\_\_\_  
 Physical Therapy \_\_\_\_\_  
 Prescription Medications \_\_\_\_\_  
 Med. Lodging (max \$50/day) \_\_\_\_\_

**Total Medical Costs:** \_\_\_\_\_

Taxpayer  
 Health Insurance \_\_\_\_\_  
 Medicare Premiums - Part B \_\_\_\_\_  
 Medicare Premiums - Part D \_\_\_\_\_  
 Medicare Supplement \_\_\_\_\_  
 Nursing Home Insurance \_\_\_\_\_  
 Spouse  
 Health Insurance \_\_\_\_\_  
 Medicare Premiums - Part B \_\_\_\_\_  
 Medicare Premiums - Part D \_\_\_\_\_  
 Medicare Supplement \_\_\_\_\_  
 Nursing Home Insurance \_\_\_\_\_

**Total Insurance Costs:** \_\_\_\_\_

Medical Miles:  
 \_\_\_\_\_ Miles x \$.20 (Jan-Dec) = \_\_\_\_\_

**Total Mileage Costs:** \_\_\_\_\_

(less) Insurance Reimbursements ( \_\_\_\_\_ ) \_\_\_\_\_

**Total Medical Deductions:** \_\_\_\_\_

### TAXES

2018 State Taxes Paid in 2019 \_\_\_\_\_  
 2018 State Estimate Paid in 2019 \_\_\_\_\_  
 State Estimates Paid in 2019 \_\_\_\_\_  
 State Withholding from W-2's \_\_\_\_\_  
 State Withholding from 1099's \_\_\_\_\_  
 Real Estate Taxes \_\_\_\_\_  
 Motor Vehicle Taxes \_\_\_\_\_  
 Other Taxes Paid \_\_\_\_\_  
 Sales Tax - Major Purchases \_\_\_\_\_  
 City Sales Tax Rate \_\_\_\_\_%

**Total Taxes Paid:** \_\_\_\_\_

### INTEREST

Home Mortgage \_\_\_\_\_  
 Points (Form 1098) \_\_\_\_\_  
 Mortgage Insurance Premium \_\_\_\_\_  
 Second Home Mortgage \_\_\_\_\_  
 Points (Form 1098) \_\_\_\_\_  
 Mortgage Insurance Premium \_\_\_\_\_  
 Home Equity Line of Credit \_\_\_\_\_

Private Home Loan Interest  
 SSN or EIN: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Total Mortgage Interest:** \_\_\_\_\_

Investment Interest: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Total Investment Interest:** \_\_\_\_\_

**Total Interest Paid:** \_\_\_\_\_

### CHARITABLE CONTRIBUTIONS

*\*Donations over \$250 must include a Receipt\**

Cash Donations:  
 Church Offerings \_\_\_\_\_  
 Red Cross \_\_\_\_\_  
 United Way \_\_\_\_\_

**Total Cash Contributions:** \_\_\_\_\_

Noncash Donations:  
 Goodwill/Salvation Army \_\_\_\_\_

**Total Noncash Contributions:** \_\_\_\_\_

Charitable Miles:  
 \_\_\_\_\_ Miles x \$.14 (Jan-Dec) = \_\_\_\_\_  
 \_\_\_\_\_

**Total Charitable Mileage:** \_\_\_\_\_

**Total Contributions:** \_\_\_\_\_

### OTHER MISCELLANEOUS DEDUCTIONS

Gambling Losses to  
 extent of winnings \_\_\_\_\_  
 Casualty/Theft Losses \_\_\_\_\_

**Total Other Miscellaneous Deductions:** \_\_\_\_\_

**Total Itemized Deductions:** \_\_\_\_\_