

2021 ITEMIZED DEDUCTION WORKSHEET

Standard Deduction (Single \$12,550, Head of Household \$18,800, Married \$25,100)

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 \$.16 (Jan-Dec) = _____

Total Mileage Costs: _____

(less) Insurance Reimbursements (_____) _____

Total Medical Deductions: _____

TAXES

2020 State Taxes Paid in 2021 _____
 2020 State Estimate Paid in 2021 _____
 State Estimates Paid in 2021 _____
 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: _____