

2022 ITEMIZED DEDUCTION WORKSHEET

Standard Deduction (Single \$12,950, Head of Household \$19,400, Married \$25,900)

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 \$.18 (Jan-Dec) = _____
_____ Miles x \$.22 (July-Dec) = _____

Total Mileage Costs: _____

(less) Insurance Reimbursements (_____)

Total Medical Deductions: _____

TAXES

2021 State Taxes Paid in 2022 _____
2021 State Estimate Paid in 2022 _____
State Estimates Paid in 2022 _____
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: _____