

2026 ITEMIZED DEDUCTION WORKSHEET

Standard Deduction (Single \$16,100, Head of Household \$24,150, Married \$32,200)

MEDICAL EXPENSES

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

Total Medical Costs: _____

Taxpayer

Health, Dental, Vision Insurance _____
Medicare Premiums - Part B _____
Medicare Premiums - Part D _____
Medicare Supplement _____
Nursing Home Insurance _____

Spouse

Health, Dental, Vision Insurance _____
Medicare Premiums - Part B _____
Medicare Premiums - Part D _____
Medicare Supplement _____
Nursing Home Insurance _____

Total Insurance Costs: _____

Medical Miles:

_____ Miles x \$.21 (Jan-Jun) = _____
_____ Miles x \$.235 (Jul-Dec) = _____

Total Mileage Costs: _____

(less) Insurance Reimbursements (_____) _____

Total Medical Deductions: _____

TAXES

2025 State Taxes Paid in 2026 _____
2025 State Estimate Paid in 2026 _____
2025 State Extension Paid in 2026 _____
State Estimates Paid in 2026 _____
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: _____

MISCELLANEOUS DEDUCTIONS

Gambling Losses up to
90% of winnings _____

Disaster - Casualty Loss _____

Total Miscellaneous Deductions: _____

Total Itemized Deductions: _____