

NAME: _____

TAX YEAR []

PERSONAL ITEMIZED DEDUCTIONS	Amount	Remarks
Unreimbursed MEDICAL EXPENSES (Deductible to the extent they exceed 7.5% of Adjusted Gross Income)		
Doctors, Chiro, Acupunct, Dental, etc.		It's <u>not necessary</u> to categorize your medical,
Therapists, Analysts, Rehab, Counseling		you may just list the total below, but you must
Prescription Drugs		list your Health Insurance premiums separately!
Tests & Diagnostics		
Hospital, Clinics, Emergency room		Total Medical Expenses: _____
Eyeglasses, Prosthetics, Supplies, Braces		Total Medical Travel or Mileage: _____
Long Term Care Insurance		** Do you have a high deductible?
Health Insurance Premiums		** If you received Marketplace Premium Tax Credits
Is this insurance thru a Union or an employer?		then I need to see your Form 1095-A
Charitable CONTRIBUTIONS & DONATIONS		You still must have receipts for ALL donations!
Cash, Check, or Credit card		For property over \$500.00, you MUST include donee name &
Donated Property (present value)		address, date of donation, & how you originally aquired it, to
Other Property		take the deduction. List this info on a separate page.

INTEREST & TAXES - Provide statements for interest, but enter total property taxes paid here: \$ _____

Mortgage interest, Co-op interest, Home equity loans, Property Taxes (total only), Student Loan Interest:

AUTO LOAN interest on NEW (not used) vehicle purchased in 2025: