

NAME: _____

TAX YEAR [_____]

PERSONAL ITEMIZED DEDUCTIONS	Amount	Remarks
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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: _____