

Specialty Worksheet

ITEMIZED DEDUCTIONS

NAME _____

TAX YEAR _____

Note: These expenses must be paid for by the taxpayer do not include expenses which are reimbursed by insurance or other sources.

Medications & Drugs			DMV Fees		
Prescribed Controlled Substances			Year	Make	Amount
Insulin		1			
Other		2			
Total Medications & Drugs		3			
Co-Pays & Office Visits		4			
Dr., Dentist, Psychiatrists, Chiropractors, C/S Practitioners, Acupuncture, Others			Total DMV Fees		
Dr.			Home Mortgage Interest & Points		
Dental			Reported on 1098		
Vision			Paid To:		
Other		1			
Total Dr., Dentist and Vision		2			
Insurance		3			
Health Insurance		4			
Hospital Insurance		5			
School Insurance			Not Reported on 1098		
Supplemental Medicare					
Other (not income protection plans)			Paid To:		
Total Insurance Premiums		1			
Other Medical & Dental Expenses		2			
Nurses, Nurses Aides		3			
Ambulance		4			
Psychiatric Care		5			
Hearing Aids/Batteries			Investment Interest (Partnership, Estates, Trusts, K-1)		
Travel & Transportation, Parking & Tolls					
Braces, Implants, Fillings etc.			Charitable Gifts~Cash or Check		
Crutches, Canes, Braces					
Prescribed Pools & Spas			Date	Charity	
Other/List		1			
Total Other Medical & Dental Expenses		2			
Taxes You Paid		3			
State (previous years taxes paid current tax year)		4			
Sales Taxes on Large Items (item & amount of tax)			Total Gifts Cash/Check		
ITEM	AMOUNT		Non-Cash Charitable Donations		
1			(see special worksheet for detail)		
2			Date	Charity	
3		1			
Total Sales Tax		2			
Real Estate Tax			Total Non-Cash Charitable Donations		
1st Home			Casualty & Theft Losses		
2nd Home (or Motorhome/Trailer)			(List Type and Amount)		
Unreimbursed Employee Business Expenses		1			
Union Dues		2			
Safety Equipment, Hard Hat, Steel Toe Boots		3			
Small Tools			Total Casualty & Theft Losses		
Education			Previous Years Tax Preparation Fees		
Publications			Safe Deposit Box		
Business Miles			Other Expenses		
Total Emp Bus Exp			Investment		