

Name _____ Date _____

ITEMIZING YOUR DEDUCTIONS
BE SURE TO INCLUDE THE FOLLOWING:

Medical Expenses *(if over 7.5% of your income)*

Doctors, Dentists, Eye, Pharmacy _____

Medical Miles Traveled _____

Taxes

Real Estate Taxes _____

Vehicle Registration Fees _____

Sales Tax: Car/Truck _____

Boat/Airplane _____

Mortgage Interest

First Mortgage _____

Second Mortgage _____

Line of Credit on Home _____

2nd Home – Camper/Boat _____

Contributions

Church, Charity, Non Profit Organizations _____

Miscellaneous *(if over 2% of income)*

Employee Business Expenses _____

Tools _____

Travel _____

Business Miles _____

Miscellaneous _____

*If you need help with the above, you will need to schedule an appointment.
Thank you.*

Reed “Rick” Miller, EA