

Itemized Deduction (Schedule A) Worksheet

Taxpayer's name: _____

- ☐ I donated a vehicle worth more than \$500 ☐ I made more than \$5,000 of noncash donations
☐ I paid interest on borrowings for investments ☐ I repaid income (taxed in prior year) over \$3,000

If you checked any of the above, please stop here and speak with one of our Counselors.

If none is checked, enter your totals below for each expense.

If you have any questions, please ask one of our Counselors.

MEDICAL EXPENSES that you paid for yourself or your dependent that were not reimbursed.

- Provide Form 1095-A from Marketplace if received.

Medical and dental expenses are deductible only to the extent they exceed 7.5% of your Adjusted Gross Income for Tax Year 2024 and are not reimbursed/paid by insurance.

Medical, dental, and vision insurance premiums paid to insurer by taxpayer or spouse:

- Do not include insurance for health, dental, vision, long-term care that was withheld from paycheck
- Do not include Medicare reported on an SSA-1099
- Do not include premiums reported on a Schedule C worksheet
- List policy name and total amount on separate lines:

Policy 1 name or description: _____ \$ _____

Policy 2 name or description: _____ \$ _____

Long term care insurance premiums:

- Do not include premiums reported on a Schedule C worksheet
- If more than one person list each separately

Primary taxpayer: _____ \$ _____

Secondary taxpayer: _____ \$ _____

Amounts paid directly to doctors and dentists \$ _____

Prescription medications (even if filled with over the counter meds) \$ _____

Medical imaging (X-Rays, CAT Scans, MRI, etc.), Lab Work, ... \$ _____

Nursing care (excluding healthy baby or housework components of payments) \$ _____

Hospital care including meals and lodging \$ _____

Medical aids (prescription eye glasses, hearing aids, crutches, wheelchairs, ...) \$ _____

Other medical expenses (specify):

Describe: _____ \$ _____

Describe: _____ \$ _____

Parking \$ _____

Bus or shuttle service \$ _____

Medical mileage driven for care _____ mi.

MISCELLANEOUS ITEMIZED DEDUCTIONS

Gambling Losses – If more than gambling winnings, also check here [☐] \$ _____

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| | | |
|--|--------------------------------|--|
| MORTGAGE INTEREST (provide Form 1098 for each mortgage) | | |
| Primary mortgage interest on main home | \$ | |
| Secondary mortgage interest on main home | \$ | |
| Loan balance owed at Jan 1 or date acquired (Form 1098) | \$ | |
| Amount of loan used to buy, build, or improve home, if less than the full amount | \$ | |
| Mortgage insurance required by lender | Year loan originated: _____ \$ | |
| Other interest (specify): _____ | | |

| | |
|---|--|
| STATE and LOCAL TAXES generally limited to a maximum of \$10,000 | |
| Real estate taxes (do not include service fees like garbage or sewer, and do not include assessments) (typically shown on Form 1098 or on the Property Tax Statement) | \$ _____ |
| Tax deductible portion of vehicle registrations (only the line labeled "vehicle license fee") | \$ _____ |
| Sales tax on major purchases (car/boat/motorhome, home purchase or substantial addition or remodel to home, if general sales tax applies) | \$ _____ |
| State/local income tax paid (other than through withholding) | |
| Did you live in the same Zip Code all year? ____ Yes or ____ No | |
| If 'No', how many days did you live in the Zip Code on your Intake Form? _____ Days | If 'No', what other Zip Codes did you live in last year? Other Zip Code: _____ # of _____ Other Zip Code: _____ # of _____ |

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|---|-----------|
| CHARITABLE CONTRIBUTIONS | |
| <ul style="list-style-type: none"> You need to keep evidence of each contribution in your tax records. If the contribution is \$250 or more, you must have documentation in writing from the charity. Raffle tickets, lottery tickets, etc. are not considered as Charitable Contributions. | |
| Cash Gifts to Charity (including check, credit/debit card) – Enter as a total on this line. As stated above, you need to keep evidence of each. | \$ _____ |
| Charitable Mileage – Total of miles driven doing volunteer work. | _____ mi. |
| Non-Cash Gifts to Charity (less than \$500 in total) – If the total value of Non-Cash Gifts is less than \$500, enter as a total on this line. | \$ _____ |
| Non-Cash Gifts to Charity (greater than \$500 in total) – For each Non-Cash Gift that is greater than \$500 or for a group of items with a value of greater than \$500, you must include additional documentation as follows: | \$ _____ |
| <ul style="list-style-type: none"> Description of the item: Date you acquired the item: Fair Market Value (FMV) of the item (typically thrift store value): Method used to determine the FMV: Name of the organization you donated to: Address of the organization you donated to: Date of contribution: Did you receive a 1098C? Yes ____ or No ____ | |