

ITEMIZED DEDCUTION

Name: _____

Taxes Paid

State tax paid on period return	\$ _____
State estimated tax payments	\$ _____
State tax withheld on W-2	\$ _____
Local tax withheld on W-2	\$ _____
Property taxes paid	\$ _____
Auto & Other excise taxes	\$ _____
Other: _____	\$ _____

Interest Paid

Home mortgage interest	\$ _____
Home equity interest (for improvements)	\$ _____
Moorgate interest paid to individual	\$ _____

Medical

Health insurance premiums	\$ _____
Medicare supplement premiums	\$ _____
Part D Drug card premiums	\$ _____
Long term care insurance premiums	\$ _____
Doctor expenses	\$ _____
Prescription drug expenses	\$ _____
Lab, testing, x-ray expenses	\$ _____
Glasses, contact lenses, eye exams	\$ _____
Hearing aids and batteries	\$ _____
Hospital Expenses	\$ _____
Ambulance Expenses	\$ _____
In home care services	\$ _____
Nursing home expenses	\$ _____
Medical travel and parking	\$ _____
Miles driven for medical care	_____

Adjustments/Other

IRA contributions	\$ _____
Roth IRA contributions	\$ _____
Health saving account deposits	\$ _____
Student loan interest paid	\$ _____

Charitable Donations

Church contributions	\$ _____
Other contributions by check	\$ _____
Non cash donations	\$ _____
(Organization and descriptions needed)	_____