

## Schedule A - Itemized Deductions

Name:

SSN:

## Medical and Dental Expenses

Health insurance premiums  
(paid by you, not through work) . . . . .

Amount above that is for Medicare premiums . . . . .

Long-term care premiums (you) . . . . .

Long-term care premiums (your spouse) . . . . .

Long-term care premiums (dependents) . . . . .

Mileage driven for medical purposes . . . . .

Out of pocket medical & dental expenses

Doctor, dental, etc . . . . .

Prescription medicines . . . . .

Glasses & contacts . . . . .

Hearing aids . . . . .

Medical equipment & supplies . . . . .

Hospital services . . . . .

Laboratory services . . . . .

Nursing services . . . . .

Other \_\_\_\_\_

Other \_\_\_\_\_

## Taxes Paid

State and local income taxes . . . . .

General sales tax (vehicle, boat, home, etc.) . . . . .

Real estate taxes . . . . .

Personal property taxes . . . . .

Auto registration taxes not  
deductible for state\* . . . . .

Other taxes (list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Interest Paid

Home mortgage interest paid (attach Form 1098) . . . . .

☐ Some of your home mortgage loan was not  
used to buy, build, or improve your home.

Home mortgage interest paid to an individual . . . . .

Paid to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

SSN or EIN \_\_\_\_\_

Points not reported on Form 1098 . . . . .

Investment interest . . . . .

## Charitable Contributions

| Donations to charity         | Cash                     | Noncash                  | Amount |
|------------------------------|--------------------------|--------------------------|--------|
| Church . . . . .             | <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Boy or Girl Scouts . . . . . | <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Goodwill . . . . .           | <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Red Cross . . . . .          | <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Salvation Army . . . . .     | <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| United Way . . . . .         | <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Veterans . . . . .           | <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Hospital . . . . .           | <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| University . . . . .         | <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Other _____                  | <input type="checkbox"/> | <input type="checkbox"/> | _____  |

Miles driven for charitable purposes . . . . .

## Other Miscellaneous Deductions

Amortizable bond premiums . . . . .

Federal estate tax . . . . .

Gambling losses . . . . .

Impairment-related work expenses . . . . .

Claim repayments . . . . .

Unrecovered pension investments . . . . .

Loss from other activities from Schedule K-1 . . . . .

Ordinary loss debt instrument . . . . .

Excess deduction on termination . . . . .

## Job Expenses &amp; Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

Safety equipment, tools, & supplies . . . . .

Uniforms . . . . .

Protective clothing (shoes, hardhats, glasses, etc.) . . . . .

Dues to professional organizations . . . . .

Books & subscriptions . . . . .

Other \_\_\_\_\_

Union dues . . . . .

Tax preparation fees . . . . .

Other nonpersonal expenses related to taxable income

Safe deposit box fees . . . . .

Investment expenses not entered elsewhere . . . . .

Other \_\_\_\_\_

Home equity interest . . . . .

Other Information

Name:

SSN:

Mortgage Interest

Provide all copies of Form 1098

| TSJ | Lender's Name | Mortgage Interest Received | Mortgage Insurance Premiums | Real Estate Taxes Paid |
|-----|---------------|----------------------------|-----------------------------|------------------------|
|     |               |                            |                             |                        |
|     |               |                            |                             |                        |
|     |               |                            |                             |                        |
|     |               |                            |                             |                        |
|     |               |                            |                             |                        |
|     |               |                            |                             |                        |

Employee Business Expenses

TS

Select if you are:

☐ A qualified performing artist

☐ A fee-based state or local government official

☐ A disabled employee with impairment-related work expenses

☐ An Armed Forces reservist

☐ You are a member of the clergy

Select if you:

☐ Used your personal vehicle for your job during 2024

|   | NOT reimbursed by your employer | Reimbursed by your employer not included in box 1 of your W-2 |
|---|---------------------------------|---|
| Parking fees, tolls, local transportation . . . . .                                 |                                 |   |
| Meals . . . . .   |                                 |   |
| Overnight business travel expenses (Do not include meals & entertainment) . . . . . |                                 |   |
| Other business expenses . . . . .   |                                 |   |
|   |                                 |   |
|   |                                 |   |
|   |                                 |   |

Casualties and Thefts

TSJ

FEMA code

Property description

Property location

Date property was acquired

Date property was damaged or stolen

Cost of property damaged or stolen

Fair market value before incident

Fair market value after incident

Insurance reimbursement

TSJ

FEMA code

Property description

Property location

Date property was acquired

Date property was damaged or stolen

Cost of property damaged or stolen

Fair market value before incident

Fair market value after incident

Insurance reimbursement

Drake Software - Individual Organizer - Copyright 2023

N\_OTHER.LD