

Taxpayer:

## 2017 Personal Itemized Deductions Worksheet

### Medical and Dental Expenses

\_\_\_\_\_ Miles Traveled for Medical  
 \$ \_\_\_\_\_ Doctors and Dentists  
 \$ \_\_\_\_\_ Hospitals and Labs  
 \$ \_\_\_\_\_ Medical Supplies and Eyeglasses  
 \$ \_\_\_\_\_ Prescription  
 \$ \_\_\_\_\_ Insurance Premiums (out of pocket)  
 \$ \_\_\_\_\_ Long term Care  
 \$ \_\_\_\_\_ Expenses to Stop Smoking

### Taxes Paid

\$ \_\_\_\_\_ Real Estate Taxes  
 \$ \_\_\_\_\_ DMV Registration  
 \$ \_\_\_\_\_ Property Taxes  
 \$ \_\_\_\_\_ Other Taxes  
 \$ \_\_\_\_\_ Sales Taxes on New Motor Vehicle

### Interest Paid

\$ \_\_\_\_\_ Home Mortgage  
 \$ \_\_\_\_\_ Home Equity Line  
 \$ \_\_\_\_\_ Mortgage Insurance  
 \$ \_\_\_\_\_ Student Loan Interest

### Homeowner Information *\*Provide copy of HUD Settlement Statement*

Original Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

 Do you have Equity in your home? Yes  No 

 Did you refinance your home? Yes  No 

 Did you make any improvements to the home? Yes  No 

If yes, describe: \_\_\_\_\_

Payoff Balance on Mortgage: \_\_\_\_\_

Loan Number: \_\_\_\_\_ Lender: \_\_\_\_\_

### Miscellaneous Deductions

\$ \_\_\_\_\_ Educator Expenses  
 \$ \_\_\_\_\_ Investment Expenses  
 \$ \_\_\_\_\_ Tax Preparation Fees  
 \$ \_\_\_\_\_ Union Dues  
 \$ \_\_\_\_\_ Job Search Costs  
 \$ \_\_\_\_\_ Safe Deposit Box Rental

### Gambling

\$ \_\_\_\_\_ Total Winnings (including W2G's received)  
 \$ \_\_\_\_\_ Total Losses for Year  
 \_\_\_\_\_ Gambling Wksht Attached

### Child and Dependent Care

Child Care Provider Name &amp; Address: \_\_\_\_\_ Amount Spent: \_\_\_\_\_

Social Security Number / EIN: \_\_\_\_\_

 Do you pay a housekeeper? Yes  No 

### Moving - Personal Expenses to Move more than 50 miles

Total miles from your previous home to your new workplace: \_\_\_\_\_

Transportation and Storage of Goods \$ \_\_\_\_\_

Travel and Lodging to move \$ \_\_\_\_\_

Does your employer have a reimbursement policy? Yes No

Did you receive reimbursement for any expenses? Yes No

### Unreimbursed Employee Business Expenses

(For W-2 Employment)

\$ \_\_\_\_\_ Business Gifts  
 \$ \_\_\_\_\_ Meals and Entertainment  
 \$ \_\_\_\_\_ Commissions and Fees  
 \$ \_\_\_\_\_ Computer and Internet Expenses  
 \$ \_\_\_\_\_ Insurance (other than Health)  
 \$ \_\_\_\_\_ Interest Expense  
 \$ \_\_\_\_\_ Legal and Professional Services  
 \$ \_\_\_\_\_ Office Supplies and Expenses  
 \$ \_\_\_\_\_ Postage and Printing  
 \$ \_\_\_\_\_ Repairs and Maintenance  
 \$ \_\_\_\_\_ Sales and Promotion (include Website)  
 \$ \_\_\_\_\_ Subscriptions  
 \$ \_\_\_\_\_ Supplies  
 \$ \_\_\_\_\_ Taxes, Licenses and Permits  
 \$ \_\_\_\_\_ Telephone Expense  
 \$ \_\_\_\_\_ Transportation (Parking, Fees and Tolls)  
 \$ \_\_\_\_\_ Travel and Lodging (include Car Rental)  
 \$ \_\_\_\_\_ Uniform and Protective Clothing  
 \$ \_\_\_\_\_ Other: \_\_\_\_\_

### Business Auto Expense

Make and Model of Vehicle \_\_\_\_\_

Date Auto Began Business Use \_\_\_\_\_

\_\_\_\_\_ Number of Business Miles (addl biz driving)

\_\_\_\_\_ Total Commuting Miles (to job from home)

\_\_\_\_\_ Total Miles Driven For the Year

\_\_\_\_\_ Odometer Reading Beginning as of \_\_\_\_\_

\_\_\_\_\_ Odometer Reading Ending as of \_\_\_\_\_

\$ \_\_\_\_\_ Total Fuel Expenses

\$ \_\_\_\_\_ Total Auto Insurance Paid

\$ \_\_\_\_\_ Total Auto Lease Paid

\$ \_\_\_\_\_ Total Auto Repairs Paid

\$ \_\_\_\_\_ Total Auto Purchase Price

\$ \_\_\_\_\_ Total Auto Loan Interest

### Business Use of Home

\_\_\_\_\_ Square Footage of Home

\_\_\_\_\_ Square Footage of Area used for Business

\$ \_\_\_\_\_ Rent Expense

\$ \_\_\_\_\_ Utilities

\$ \_\_\_\_\_ Repairs and Maintenance

\$ \_\_\_\_\_ Home Insurance