

**Schedule A Organizer**

**Itemized Deductions Worksheet**

**Medical & Dental Expenses Taxes Paid**

Prescriptions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Real Estate – primary home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Real Estate (2nd/vacation home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplemental Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Mortgage Interest Pd \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Long Term Care Ins \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃝ Eligible for both homes - provide Form 1098

Medical Co-pays \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Income Tax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital & Ambulance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (due last year, paid this year)

Dental \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated State Tax Pd \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eyeglasses/Contacts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hearing Aids/Batteries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nursing Home Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Miles Driven \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acupuncture \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chiropractic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Podiatrist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Psychiatrist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Protection (PPE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (masks, hand sanitizer, sanitizing wipes)

Other Medical \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Charitable Donations**

Cash Donations of $250+

 Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃝ You must provide canceled checks/receipts

Cash Donations under $250

 Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃝ You must provide a list of organizations and amounts

Non-cash Donations of any amount must meet the following qualifications:

* Non-cash donations require a receipt from the charitable organization
* Name and address of charitable organization required on receipt
* Detailed description of donated items and date of donation required on receipt
* Original price of item, donated fair market value, and how value was determined is required