

Itemized Deductions Worksheet



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Itemized deductions (List amounts and provide receipts, checks, bank statements or other documentation)			
MEDICAL/DENTAL EXPENSES		INTEREST PAID	
Medical Insurance (<i>paid by you</i>)		Mortgage on Main Home	
Dental Insurance (<i>paid by you</i>)		Paid to Financial Institution (1098)	
Long Term Care Insurance		Paid to Individual	
Doctors (<i>co-pays</i>)		Name:	SSN:
Dentist/Orthodontist (<i>Braces, etc.</i>)		Address:	
Prescription Drugs (<i>Enclose Pharmacy Report</i>)		Points Paid on New Mortgage (<i>Enclose Settlement Statement-HUD-1</i>)	
Glasses and Contact Lenses		Home Equity Loan/Second Mortgage	
Hospitals & Emergency Visits		Mortgage on Second Home	
Surgical Procedure		Paid to Financial Institution (1098)	
Medical Equipment Rental		Paid to Individual	
Skilled Nursing Care		Name:	
Prescribed Physical Aids		Address:	
Medicare Part B		Investment Interest paid	
Other Medical Professionals			
Other Medical (Describe)			
Medical Transportation			
Medical Miles Driven in your Vehicle		CHARITABLE CONTRIBUTIONS	
		(Receipt required for single donations of \$250.00 or more.)	
		Church/Temple/Mosque	
		United Way	
		Scouts	
		Other (list)	
STATE & LOCAL TAXES			
Home Real Estate Taxes		Volunteer Mileage	
Other Real Estate Taxes		Donation of a Vehicle	
Personal Property Tax (autos, boat)		Non-Cash Contributions	
Other State or Local Tax		<i>(If \$500.00 or more, enclosed receipt with name and address of organization and describe how the fair market value was determined)</i>	
CASUALTY OR THEFT LOSS (For natural disasters only)		MISCELLANEOUS DEDUCTIONS	
Type of Property:		Tax Return Preparation Fee (2023)	
Describe Loss:		Safe Deposit Box (store investments)	
Cost or Basis of Property		Investment Expense (enclose list)	
Insurance Reimbursement		Job Hunting Expenses (enclose list)	
Fair Market Value Before Loss		Gambling Losses	
Fair Market Value After Loss		Prof Association or Union Dues	