

Name: _____

Itemized Deductions

Medical and Dental Expenses	T/S/J	2025
Medical		
Dental		
RX		
Glasses		
Medical Insurance not through employer		
Dental Insurance not through employer		

Part I Taxes Paid	T/S/J	2025
Real Estate Taxes	_____	_____
Personal Property Taxes	_____	_____
State Taxes	_____	_____
Local Taxes	_____	_____
other taxes	_____	_____

Part II Interest paid	T/S/J	2025
Home Mortgage interest		
Points paid in purchasing a new home		
Mortgage insurance		
Bank interest		
Investment interest		

Part III Contributions - Receipts required for all contributions

Cash contributions

Non-cash contributions

Charity miles
