

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**

_____	_____
_____	_____
_____	_____
<b>Charity miles</b>	
_____	_____
_____	_____
_____	_____