

**2009 ITEMIZED DEDUCTION WORKSHEET**

Name \_\_\_\_\_

**Medical**

Prescriptions Drugs/Insulin \$ \_\_\_\_\_  
 Doctor, Dentist, Hospitals etc \_\_\_\_\_  
 Medical Devices (eyeglasses etc) \_\_\_\_\_  
 Health Insurance - paid \_\_\_\_\_  
 (Pre-TAX Insurance plans are NOT deductible)  
 Long Term Care Insurance \_\_\_\_\_  
 Less: Insurance Reimbursement \_\_\_\_\_  
 Transportation/Medical- Ambulance \_\_\_\_\_  
 Mileage to/from Drs/Hospitals etc. \_\_\_\_\_mi.

**Taxes**

**Sales Tax** on purchase of: Manufactured Home  
 Boat, Motorcycle, or Car \_\_\_\_\_  
**Real Estate Taxes** - on Home \_\_\_\_\_  
 -on Investment Property \_\_\_\_\_  
**Vehicle Registration(s)** \_\_\_\_\_

**(Bring Form 1098) Mortgage Interest**

	<b>Interest</b>	<b>Balance Due</b>
1st Mortgage \$ _____		\$ _____
2nd Mortgage \$ _____		_____
Mortgage Insur Premium	\$ _____	
Points Paid (Purchase)	_____	
Points Paid (Refinance) 15yr 30yr	_____	

**Investment Interest** (on Land, etc) \_\_\_\_\_  
**Student Loan Interest** \_\_\_\_\_

**Cash Contributions**

Cash: Church/Temple \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Volunteer Expenses \_\_\_\_\_  
 Donated Mileage \_\_\_\_\_ Miles

**Non-Cash:** Original Cost Estimated Value  
 Goodwill \_\_\_\_\_  
 Salvation Army \_\_\_\_\_  
 \_\_\_\_\_

**Miscellaneous Deductions**

Union & Professional Dues \$ \_\_\_\_\_  
**Employee Expenses:**  
 Uniforms & Laundry \_\_\_\_\_  
 Protective & Safety Equip \_\_\_\_\_  
 Job Supplies & Tools \_\_\_\_\_  
 Occupational License \_\_\_\_\_  
 Continuing Education \_\_\_\_\_  
 Job Hunting Costs/Resumes \_\_\_\_\_  
 Investment Management Costs \_\_\_\_\_  
 Tax Preparation Fees \_\_\_\_\_  
 Safe Deposit Box \_\_\_\_\_  
**Employee Travel**  
 Meals & Entertainment \_\_\_\_\_  
 Air Fare, Rental Car, Taxi \_\_\_\_\_  
 Hotel Lodging \_\_\_\_\_

**Personal Vehicle Use for Employer's benefit:**

Total Miles Driven \_\_\_\_\_  
 Business miles \_\_\_\_\_  
 Commuting miles \_\_\_\_\_

Do you have written records? Yes No (Circle one)

**Other**

**Electric Vehicle Purchase** \_\_\_\_\_

**Teaching Supplies** K-12 teachers \_\_\_\_\_

**Alimony/Separate maintenance paid** \_\_\_\_\_

**Contributions to:**

**IRA** self \$ \_\_\_\_\_ spouse \$ \_\_\_\_\_

**ROTH IRA** self \$ \_\_\_\_\_ spouse \$ \_\_\_\_\_

**Adoption Expenses** \$ \_\_\_\_\_

Adoption completed on \_\_\_\_/\_\_\_\_/\_\_\_\_

**COLLEGE TUITIONS – (Bring Tuition Stmts)**

Self \_\_\_\_\_ Spouse \_\_\_\_\_

Child \_\_\_\_\_ \$ \_\_\_\_\_

**Arizona Only - Deductions**

College Savings Plan Contributions \$ \_\_\_\_\_

AZ Private School Scholarship Contrib. \$ \_\_\_\_\_

Org. Name \_\_\_\_\_

Address \_\_\_\_\_

AZ Public School Contributions \$ \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_

**2009 ITEMIZED DEDUCTION WORKSHEET**

Name \_\_\_\_\_

**INTEREST and DIVIDEND INCOME**

**Please bring the 1099s**

**Interest Income for which you did not receive a 1099:**

Name	Amount	Name	Amount
_____	\$ _____	_____	\$ _____
_____	_____	_____	_____

**Sale of Stock (or Mutual Fund)**

**Please bring the 1099s**

Description	Date Purchased	Date Sold	Sales Price	Cost

**Miscellaneous Income**

Arizona Lottery Winnings	\$ _____	Unemployment Benefits	\$ _____
Other Gambling Winnings	_____	Scholarships	_____
Gambling Losses	_____	Odd Jobs/Baby Sitting	_____
(Deductible Up to winnings)	_____	Jury/Election Duty	_____
Alimony Received	_____	<b>Social Security</b> (Bring Form from Social Security)	_____

**Non-Taxable Income (Used to determine your sales tax deduction)**

Exempt Disability Income	\$ _____	Workers Compensation	\$ _____
Veterans Admin Payments	_____	Military Allowances	_____
Combat Pay	_____	Public Assistance (SSI)	_____
Child Support	_____	Life Insurance Proceeds	_____

**Child Care / Baby Sitters**

Person / Organization	Address	City/State/Zip	Required SSN or EIN	Amount Paid	Child Name
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____

**Quarterly Estimated Tax Payments Paid**

*For those of you who pay your income taxes quarterly, we need the following:*

Date Due	Date Paid
04/15/09	
06/15/09	
09/15/09	
01/15/10	

Federal Estimate
\$ _____
\$ _____
\$ _____
\$ _____

State Estimate
\$ _____
\$ _____
\$ _____
\$ _____