

2010 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

	Interest	Balance Due
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 _____
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 Stmt)
 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 _____
 AZ Working Poor Charity Contribution \$ _____
 Name of AZ Charity _____
 Address _____

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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	_____	Social Security (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
04/15/10	
06/15/10	
09/15/10	
01/17/11	

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

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