Itemized Deductions Tax Organizer

Please bring the following documents to your appointment		
1098s from all mortgage companies		
Receipts for major donations		
Appraisals for donations greater than \$5,000		
Receipts for Arizona tax credit donations		
1098C for vehicle donation		
Closing documents for home refinance		
Fill in any of the following that apply to you.		
Medical expenses		
Insurance premiums for medical, dental, vision	\$	
(paid directly out of pocket)		
Long-term care insurance (you)	\$	
Long-term care insurance (spouse)	\$	
Doctors, dentists, chiropractors, acupuncture, therapy	\$	
Hospitals, ambulances	\$	
Prescription (not over the counter) drugs	\$	
Eye exam, glasses, contacts	\$	
Medical supplies/equipment	\$	
Hearing aids and batteries	\$	
Miles driven to and from doctors, hospitals, pharmacies	Miles	
All other medical expenses: please provide list.		
Interest		
Investment interest (paid on loans to acquire investments)	\$	
Real estate interest paid not listed on 1098s	\$	
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Taxes paid

Taxes paid on primary residence not listed on 1098s	\$	
Taxes paid on vacation home not listed on 1098s	\$	
Taxes paid on other real estate not listed on 1098s	\$	
Vehicle registration tax (auto registration)	\$	
Sales tax paid on major purchases: cars, boats, planes	\$	
Contributions		
Cash contributions each under \$5,000*	\$	
Non-cash contributions total under \$500**	\$	
Expenses incurred as a volunteer	\$	
Miles driven as a volunteer	Miles	

Casualty losses

If you had property damaged or stolen, talk to us about it.

Other deductions

If you had gambling income, total your gambling losses here*	\$
* (No gambling income, no gambling losses deductible!)	
Attorney fees to produce or protect taxable income	\$
Bank safety deposit box	\$
Tax preparation/consultation fees	\$
IRA fees paid by you directly	\$
Brokerage fees and investment expenses	\$

^{*} Cash contributions each over \$5,000; provide a list of what was donated, when and to what organization.

^{**} Non-cash contributions total over \$500; please provide list of what was donated, when and to what organization.

Employee business expenses not reimbursed by employer

Total miles driven during the year	Miles	
Year, make and model of vehicle		
If you used your car to drive for business, or from one job to a seconollowing:	and job, ple	ease complete the
Transportation		
If you believe you might qualify for an office in home deduction	on, talk to	us.
Home office deduction		
* Tools or equipment greater than \$200 each; please provide list with purchase of	dates.	
Tools or equipment (less than \$200 each)*	\$	
Phone expense (business portion only)	\$	
Uniform purchase and cleaning (only if not suitable for street wear)	\$	
Supplies	\$	
Publications and journals	\$	
Licenses, fees, credentials	\$	
Insurance: malpractice, E&O, etc.	\$	
Entertainment and meals	\$	
Union or professional dues	\$	
Continuing education in current occupation	\$	
Job-hunting and résumé expenses	\$	
Business gifts (max \$25 per recipient)	\$	

Miles

Miles driven for business (not commuting miles from home to work)