



SCHEDULE A WORKSHEET

Itemized deductions - complete only if applicable

CLIENT / TAX YEAR

Taxpayer

Tax year

☐ Joint return

1. MEDICAL & DENTAL EXPENSES

Enter unreimbursed amounts only

Medical / dental expenses

Health insurance premiums paid with after-tax dollars

Qualified long-term care premiums

Medical miles driven

2. TAXES PAID

State/local income taxes not on W-2/1099

Prior-year state income tax paid this year

Real estate taxes

Personal property taxes

Other deductible taxes

3. INTEREST PAID

Mortgage interest (Form 1098)

Mortgage interest paid to individual

HELOC interest used for home improvement

Points paid on purchase/refinance

Investment interest expense

4. CHARITABLE CONTRIBUTIONS

Keep receipts and written acknowledgments as required

Cash / check / electronic contributions

Non-cash contributions

Volunteer charitable miles

Organization / notes

5. OTHER ITEMIZED DEDUCTION INFORMATION

☐ Casualty/theft loss related to a federally declared disaster

Other itemized deduction notes