

2016 ITEMIZED DEDUCTION WORKSHEET

Name _____

Medical expenses paid by cash, check or credit

Prescriptions Drugs/Insulin \$ _____

Doctor, Dentist, Hospitals etc _____

Medical Devices (eyeglasses etc) _____

Long Term Care Insurance _____

Health Insurance you paid directly _____

(Do not include Medicare included on your 1099)

(Please bring all 1095s received)

(Also bring 1099-SA/5498-SA from HSA plans)

Transportation/Medical- Ambulance _____

Less: Insurance Reimbursement _____

Mileage to/from Drs/Hosp. _____ miles

Taxes

Sales Tax on purchase of: Manufactured Home,
Boat, Motorcycle, or Car _____

Real Estate Taxes - on Home _____

-on non-rental Investment Property _____

Vehicle Registration(s) _____

(Bring Form 1098) Mortgage Interest

Balance Due Interest

1st Mortgage \$ _____ \$ _____

2nd Mortgage/home \$ _____

Line of Credit \$ _____

Mortgage Insurance Premiums _____

Points Paid (Purchase) _____

Points Paid (Refinance) 15yr 30yr? _____

Investment Interest (on Land, etc) _____

Contributions by Cash or Check

Church/Temple \$ _____

Volunteer Expenses _____

Donated Mileage _____ miles

Contributions of "stuff" - Non-Cash:

Charity Name _____ What did you give? _____ Date _____

Cost \$ _____ Estimated Value \$ _____

Charity Name _____ What did you give? _____ Date _____

Cost \$ _____ Estimated Value \$ _____

Miscellaneous Deductions

Union & Professional Dues \$ _____

Investment Management Costs _____

Tax Preparation Fees _____

Safe Deposit Box _____

Employee Expenses:

Uniforms & Laundry _____

Protective & Safety Equip _____

Job Supplies & Tools _____

Occupational License _____

Continuing Education _____

Job Hunting Costs/Resumes _____

Employee Travel:

Air Fare, Rental Car, Taxi, Hotel _____

Meals & Entertainment _____

Personal Vehicle Used for Employer's benefit:

Total Miles Driven _____ mi.

Business miles _____ mi. (\$0.54/mi)

Commuting miles _____ mi.

Do you have written records? Yes No

(Circle One)

OTHER DEDUCTIONS/CREDITS:

Teaching Supplies (K-12 teachers) _____

Student Loan Interest _____

Alimony/Separate maintenance paid _____

Contributions to:

IRA self \$ _____ spouse \$ _____

ROTH IRA self \$ _____ spouse \$ _____

COLLEGE TUITIONS – (Bring Form 1098-T)

Self _____ Spouse _____

Child _____ \$ _____

Arizona Only – Deductions/Credits

College Savings Plan Contributions \$ _____

AZ Private School Scholarship Contrib. \$ _____

Org. Name _____

Address _____

AZ Public/Charter School Contributions \$ _____

School Name _____

Address _____

AZ Working Poor/Foster Care Contrib. \$ _____

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 STOCKS (or Mutual Fund) - Please bring the 1099s

MISCELLANEOUS INCOME

Alimony Received	_____	Scholarships	_____
Odd Jobs/Baby Sitting	_____	Jury/Election Duty	_____

Unemployment Benefits & State Income Tax Refunds – (Bring Form 1099G from State)

Social Security Disability & Retirement - (Bring Form SSA-1099 from Social Security)

Gambling Winnings (bring W-2G or 1099)

Gambling Losses _____
(Deductible Up to amount of winnings if you itemize)

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 Received	_____	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
04/18/16	
06/15/16	
09/15/16	
01/17/17	

Federal Estimate
\$
\$
\$
\$

Arizona Estimate
\$
\$
\$
\$