SCHEDULE A – ITEMIZED DEDUCTIONS

Did You Have Any Of The Following Itemized Deductions During The Year?

Medical Expenses for You, Spouse and Dependents

Medical:		Dental:		Vision:		Other: _____	
Insurance Premiums:	$_____	Exams:	$_____	Exams:	$_____	Exams:	$_____
Copays:	$_____	Copays:	$_____	Copays:	$_____	Copays:	$_____
Rx	$_____	Ortho	$_____	Eyewear	$_____	Rx	$_____
Other:	$_____	Other:	$_____	Other:	$_____	Other:	$_____
Total:	$_____	Total:	$_____	Total:	$_____	Total:	$_____

Taxes

Real Estate Property Taxes

1st Installment Date: ____/____/_____

Amount: $_____

2nd Installment Date: ____/____/_____

Amount: $_____

Total: $_____

DMV

Number of Vehicles: _____

#1_____ $_____

#2_____ $_____

#3_____ $_____

#4_____ $_____

Total: $_____

Vehicles Sales Tax

Electric & Plug-in Hybrid Vehicles ? Yes or No (circle one)

Sales Tax: $_____

Registration: $_____

Plates: $_____

Other: $_____

Total: $_____

Interest:

Mortgage Interest

Number of Forms: _____

Lenders Financial Name:

#1_____ Amount $_____

#1_____ Amount $_____

#1_____ Amount $_____

Points: Amount $_____

Total: $_____

Insurance

Homeowners Insurance Amount $_____

Hazard Insurance Amount $_____

Earthquake Insurance Amount $_____

Energy Efficiency Improvements

Windows, Doors & Skylights Amount $_____

Roofs & Roof Products Amount $_____

Insulation Amount $_____

HVAC Amount $_____

Water Heaters (Natural Gas, Propane or Oil) Amount $_____

Biomass Stoves Amount $_____

SCHEDULE A - ITEMIZED DEDUCTIONS

Donations

Tithings: Cash, Check and/or Credit Card

Organization: _____ Amount:$_____

Gifts to Charity: Cash, Check and/or Credit Card

Organization: _____ Amount:$_____

Organization: _____ Amount:$_____

Organization: _____ Amount:$_____

Gifts to Charity other than Cash: Yes or No?

Organization Name: _____

Item: _____

Valued: $_____

Causulty & Theft Loss (Federal Disaster)

Did You Suffer Any Casualty Losses? Yes / No
Did You Suffer Any Theft Losses? Yes / No

Work Related Expenses (CA/FTB)

You and/or Your Spouse Have Job Related Expenses? Yes / No
You and/or Your Spouse Reimbursed? Yes / No

Expenses:

Union Dues _____ Tools _____ Uniforms _____ Other _____

OTHER MISC EXPENSES

Other Miscellaneous Expense Yes / No
Gambling Losses Yes / No
Amount $ _____

NOTES: _____

_____

_____

_____

_____

_____

I Certify That I Have Provided All Information Regarding All Sources Of Deductions To The Best Of My Knowledge And Belief For The Tax Year.

_____ _____
Client Initial Client Initial