

Itemized Deductions

Name: _____ SSN: _____

MEDICAL and DENTAL	2014	2013	GIFTS TO CHARITY (attach receipts)	2014	2013
Health insurance premiums			Total gifts by cash or check		
Long term care premiums Age:			30% limitation		
Long term care premiums Age:			Charitable miles		
Number of medical miles			Other than by cash or check		
Other medical and dental expenses (list):			Carryover from prior year subject to:		
			QCC - qualified farmer or rancher		
			QCC - non-qualified farmer or rancher		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
TAXES YOU PAID			20% limitation		
State and local income taxes			JOB EXPENSES (list):		
Sales tax			Unreimbursed employee expenses		
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Personal property taxes					
Other taxes (list):					
INTEREST YOU PAID					
Home mortgage interest and points on Form 1098					
Home mortgage interest not on Form 1098			Tax preparation fees		
SSN/EIN:			Other Expense (list):		
Name:					
Street:					
City:					
U.S. Only State, ZIP					
Foreign Only Province/State, Country, Postal Code			MISCELLANEOUS DEDUCTIONS		
			Other deductions not subject to 2% limit		
Portion of mortgage interest above that is home equity interest					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					