

If you have more than \$30,000 in documented itemized deductions (\$15,000 if you are single) for 2025, please enter your expenses below:

Medical Expenses

Medical and dental insurance: _____

Amount paid to doctors/dentists: _____

Prescriptions: _____

X-Rays, lab work, etc.: _____

Nursing help (not for healthy baby or housework): _____

Hospital care (including meals and lodging): _____

Medical aids (hearing aids, crutches, wheelchairs, etc.): _____

Medical mileage driven (**in miles**): _____

Other medical expenses:

(List type of expense and amounts on back of page): _____

Interest Paid

Mortgage Interest (Requires Form 1098): _____

Points paid: _____

Private Mortgage Insurance: _____

Taxes Paid

Property Taxes: _____

DMV Vehicle License Fee (from your Vehicle Reg Renewal): _____

Sales tax on large purchases (car, boat, RV, etc): _____

Charity (Donations)

Cash/check/credit card (receipts required): _____

“Non-Cash Donations” (e.g., Goodwill). \$500 Max Allowed: _____

Charitable miles (**in miles**): _____

Other Deductions (List deduction and amount on back of page if necessary):
