

TY 2024 ITEMIZED DEDUCTIONS – SCHEDULE A

Filling this out will help determine if you can Itemize for 2024

MEDICAL & DENTAL EXPENSES:

- \$ _____ MEDICAL & DENTAL INSURANCE (Do not include SSA-Medicare)
- \$ _____ DOCTORS & DENTISTS
- \$ _____ PRESCRIPTIONS
- \$ _____ X-RAYS, LAB WORK, ETC.
- \$ _____ NURSING CARE (Not for healthy baby or housework)
- \$ _____ HOSPITAL CARE (including meals & lodging)
- \$ _____ MEDICAL AIDS (Hearing Aids, Prescription Eye Glasses, Crutches, Wheelchairs, Walkers, etc)
- \$ _____ MEDICAL MILAGE DRIVEN (In Miles)
- \$ _____ OTHER MEDICAL EXPENSES (Physical Therapy, Chiropractor, etc)

LONG TERM CARE PREMIUMS:

\$ _____ TAXPAYER \$ _____ SPOUSE

TAXES PAID:

- \$ _____ STATE & LOCAL INCOME TAX DUE (Prior Year Return)
 - \$ _____ REAL ESTATE TAXES - AMOUNT PAID IN TAX YEAR (Non-Business Property)
 - \$ _____ PERSONAL PROPERTY – (ex: Vehicle License Tax Only: Exclude any other fees)
 - \$ _____ SALES TAX – CAR PURCHASE (Need Dealership Paperwork)
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MORTGAGE INTEREST & EXPENSES:

\$ _____ INTEREST (FORM 1098) _____ LENDER NAME

\$ _____ MORTGAGE INSURANCE (FORM 1098 – Generally in Box 5)

GIFTS TO CHARITY:

- \$ _____ CASH/CHECKS/CREDIT/DEBIT (Including AZ specific) [\$ _____ AZ Qualified]
 - \$ _____ CHARITABLE MILES
 - \$ _____ NON-CASH ITEMS – AARP LIMIT \$500 (**GREATER THAN \$500 OUT-OF-SCOPE FOR AARP**)
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MISCELLANEOUS DEDUCTIONS:

\$ _____ GAMBLING LOSSES TO EXTENT OF WINNINGS \$ _____ SAFE DEPOSIT BOX RENTAL

\$ _____ INVESTMENT FEES & EXPENSES \$ _____ TAX RETURN PREPARATION

ESTIMATED TAXES PAID BY TAXPAYER FOR 2023

	~ 04/15/24	~ 06/15/24	~ 09/15/234	~ 01/15/25
FEDERAL AMOUNT PD	_____	_____	_____	_____
STATE AMOUNT PD	_____	_____	_____	_____