

ITEMIZED DEDUCTION WORKSHEET 2018

Your itemized expenses on this sheet must total more than: **\$24,000** (married filing joint) or **\$12,000** (single) to be used as deductions. If the total is less, the standard deduction will be taken.

NAME _____

PHONE _____

EMAIL _____

CELL _____

MEDICAL & DENTAL EXPENSES

Prescription medicines and drugs	\$
Doctors, dentists, and nurses	\$
Hospitals & nursing homes	\$
Eyeglasses & contact lenses	\$
Lodging & transportation for medical: Out of pocket expenses	\$
Number of Medical Miles Driven 2018	
Other medical & dental expenses	\$

HEALTH INSURANCE

Did you have Health insurance in 2018? (circle the appropriate choice)	Entire year Part year Not covered
Medical insurance premiums you paid (Excluding Medicare Part B Premiums)	\$
Long term care premiums	\$

TAXES YOU PAID

Real estate taxes – principal residence	\$
Real estate taxes – investment property	\$

INTEREST PAID

Did you refinance in 2018? If so, bring closing Statements for old and new loans.

Home mortgage interest & points (on form 1098)	\$
Home equity interest	\$
Investment interest	\$

CHARITABLE CONTRIBUTIONS

(Paid by cash or check)

Church	\$
Schools	\$
Cancer, Heart, March of Dimes, etc.	\$
Cash out of pocket	\$
Number of charitable miles driven	
Misc.	\$

NON-CASH CONTRIBUTIONS

	Date Given	Value
Deseret Industries	___/___/2018	\$
Salvation Army	___/___/2018	\$
Other	___/___/2018	\$

***Health insurance premiums paid are deductible for Idaho regardless of whether or not you will itemize.**