

# Itemized Deductions Worksheet (Schedule A) \_\_\_\_\_ (Tax Year)

**Medical & Dental:**

Insurance Premium (not pre-tax)	\$ _____
Doctors' Visits	\$ _____
Prescriptions	\$ _____
Hospital & Emergency	\$ _____
Dental	\$ _____
Other Medical Expenses	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Cash Contributions:**

Name of charity	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Other than Cash Contributions:**

Name of charity	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Volunteer work expenses:	\$ _____
Church, scouts, etc.	\$ _____
Auto miles driven:	\$ _____
Other:	\$ _____

**Taxes:**

Real Estate	\$ _____
Personal Property	\$ _____
State Income Taxes	\$ _____
Sales Taxes	\$ _____

**Casualty Losses:**

(from Federally declared disaster only)

Investment Expenses:	\$ _____
Home Mortgage Interest and Points:	\$ _____
2 <sup>nd</sup> Mortgage/Home Equity Loan Interest:	\$ _____

**Moving Expenses** (for Active-duty military only):

Miles \$ \_\_\_\_\_

Household Moving Expenses \$ \_\_\_\_\_

Lodging Expense During Move \$ \_\_\_\_\_

*I have provided Sorsher & Associates with the above summary for the preparation of my personal tax return.*

*I hereby acknowledge that I have receipts and records regarding the information in this Worksheet, and Sorsher & Associates will prepare my personal income tax form solely from the information I provided, pursuant to the Tax Reform Act of 2025, so I accept full responsibility for its accuracy, releasing Sorsher and Associates from all liability arising from errors, omissions, or future changes in law.*

Taxpayer's Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_