

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

## Medical & Dental:

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

## 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:

## Cash Contributions:

Name of charity \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Other than Cash Contributions:

Name of charity \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer work expenses: \$ \_\_\_\_\_

Church, scouts, etc. \$ \_\_\_\_\_

Auto miles driven: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

## 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 \_\_\_\_\_