

# Langley and Associates LLC

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Client Name: \_\_\_\_\_

## Itemized Deductions Worksheet

- **Charitable Contributions (Cash/Card/Check)**

- Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

- **Non-Cash Charitable Contributions**

- Name: \_\_\_\_\_
  - Value: \$ \_\_\_\_\_ Description: \_\_\_\_\_
- Name: \_\_\_\_\_
  - Value: \$ \_\_\_\_\_ Description: \_\_\_\_\_
- Name: \_\_\_\_\_
  - Value: \$ \_\_\_\_\_ Description: \_\_\_\_\_
- Name: \_\_\_\_\_
  - Value: \$ \_\_\_\_\_ Description: \_\_\_\_\_

- **Mortgage Interest**

- **Lender:** \_\_\_\_\_
  - **Interest:** \$ \_\_\_\_\_ **Points:** \$ \_\_\_\_\_
- **Lender:** \_\_\_\_\_
  - **Interest:** \$ \_\_\_\_\_ **Points:** \$ \_\_\_\_\_
- **Lender:** \_\_\_\_\_
  - **Interest:** \$ \_\_\_\_\_ **Points:** \$ \_\_\_\_\_
- **Lender:** \_\_\_\_\_
  - **Interest:** \$ \_\_\_\_\_ **Points:** \$ \_\_\_\_\_

- **Real Estate Taxes**

- **Principal Residence**
  - **Amount:** \$ \_\_\_\_\_
- **Principal Residence**
  - **Amount:** \$ \_\_\_\_\_
- **Other Real Estate Taxes**
  - **Amount:** \$ \_\_\_\_\_
  - **Amount:** \$ \_\_\_\_\_

- **Personal Property Taxes (tax paid on vehicles, for cars it is usually listed as Ad Valorem Tax on your registration)**

- **Ad Valorem/Personal Property Tax:** \$ \_\_\_\_\_

**Are any of the mortgage interest, real estate tax, or personal property tax items associated with any business or rental income activity you have? Yes \_\_\_\_\_ No \_\_\_\_\_**

- **Gambling Losses**

- **Casino:** \_\_\_\_\_
  - **Money In:** \_\_\_\_\_
  - **Money Out:** \_\_\_\_\_
- **Casino:** \_\_\_\_\_
  - **Money In:** \_\_\_\_\_
  - **Money Out:** \_\_\_\_\_

- **Medical Expenses**

- **Prescription Medications:** \$ \_\_\_\_\_
- **Fees for doctors, dentists, etc.:** \$ \_\_\_\_\_
- **Fees for hospitals, clinics, etc.:** \$ \_\_\_\_\_
- **Lab & X-ray fees:** \$ \_\_\_\_\_
- **Medical aids (glasses, contacts, hearing aids, crutches, etc.):** \$ \_\_\_\_\_
- **Medical Mileage:** \_\_\_\_\_ miles
- **Parking fees, tolls, & local transportation for medical activities:** \$ \_\_\_\_\_
- **Health insurance premiums**
  - **Medicare B premiums:** \$ \_\_\_\_\_
  - **Medicare D premiums:** \$ \_\_\_\_\_
  - **Other out-of-pocket health insurance premiums:** \$ \_\_\_\_\_
  - **Qualified long-term care contract premiums:** \$ \_\_\_\_\_
- **Expenses to stop smoking:** \$ \_\_\_\_\_
- **Qualified Retirement Community Expenses**
  - **Retirement Community Name:** \_\_\_\_\_
  - **Amount(s) paid:** \$ \_\_\_\_\_
  - **Percentage deductible as medical expenses:** \_\_\_\_\_