

## 19 - 2021 Itemized Deduction (Sch A) Worksheet (type-in fillable)

I donated a vehicle worth more than \$500       I made more than \$5,000 of noncash donations  
 I paid interest on borrowings for investments       I repaid income (taxed in prior year) over \$3,000

***If you checked any of the above, please stop here and speak with one of our Counselors.***

If none is checked: enter your totals below for each expense – we do not need the details. Ask if you are unsure or have any questions.

Your name: \_\_\_\_\_

<b>MEDICAL EXPENSES</b> you paid for yourself or your dependent that were not reimbursed		<b>STATE/LOCAL TAXES</b>	
Insurance* (specify)	\$	State/local income tax paid (other than through withholding)	\$
	\$	Sales tax on car or home improvement purchases	\$
	\$	Real estate taxes (not service fees like garbage or sewer)	\$
*Not paid pre-tax from paycheck for health, dental, vision, long-term care. Provide Form 1095-A from Marketplace if received.		Personal property (e.g. tax portion of car registration)	\$
Doctors, dentist, etc.	\$	Other taxes paid (specify):	\$
Hospital, medically needed care facility, etc.	\$		\$
Prescriptions (even if filled with over the counter meds)	\$	<b>INTEREST</b>	
Medical aids (canes, glasses, etc.)	\$	Home mortgage interest - on main home	\$
Other (specify):	\$	- on second loan or home	\$
	\$	Loan balance owed at year end (Form 1098):	\$
Parking	\$	Amount of loan used to buy, build, or improve home, if less than the full amount	\$
Bus or car service	\$	Mortgage insurance required by lender	\$
Medical miles	mi.	Year loan originated	Yr:
<b>CHARITY</b> (you need to keep evidence of each; if \$250 or more, must be in writing from charity)		Other (specify):	\$
Cash contributions (total)	\$	<b>OTHER:</b>	
Other than cash, specify name of charity (no appreciated items):	(provide thrift store value)	Gambling losses	\$
	\$	Other (specify):	\$
	\$		
	\$		
Charitable miles	mi.		

We'll use your 2021 federal standard deduction shown below if more than your itemized deductions above (if blind, add \$1,700 or \$1,350 if married):

Single	\$12,550	Married	\$25,100	HOH	\$18,800
Single (65+)	\$14,250	Married (one 65+)	\$26,450	HOH (65+)	\$20,500
		Married (both 65+)	\$27,800		