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ITEMIZED TAX DEDUCTION WORKSHEET PAGE 1

NAME _____
 ADDRESS _____
 PHONE _____

MEDICAL EXPENSES

Medical Insurance: _____
 Nursing Home: _____
 Doctors/Dental: _____
 Accupuncture: _____
 Accupressure: _____
 Medicine and Drugs: _____
 Herbal Medicine: _____
 Optomotrist: _____
 Glasses/Contact Lens: _____
 Hearing Aid: _____
 Lab Fees/ X-Ray: _____
 Therapy: _____
 Transportation - Miles: _____
 Cab Fee: _____
 Ambulance: _____
 Insurance Reimbursement: _____

TAXES

Property Tax — Your Home: _____
 2nd Home/ Timeshare: _____
 Vacant Land: _____
 Prior Year Balance due: _____
 DMV Fee Car #1: _____
 Car #2: _____
 Boat/Trailer /Motorcycle: _____

INTEREST

Mortgage Interest-Loan #1: _____
 Loan #2: _____
 Interest Paid to an Individual: _____
 Name: _____
 Address: _____
 Social security number: _____
 Refinanced — Points/fees: _____

CHARITABLE CONTRIBUTIONS

Religious Contributions: _____
 United Way: _____
 Red Cross: _____
 Miscellaneous: _____

NON-CASH CONTRIBUTIONS

Salvation Army: _____
 Goodwill: _____
 Donation of a Vehicle: _____
 Place of Donation: _____
 Date of Donation: _____
 Mileage for the donation: _____
 of Time/Services: _____



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MISCELLANEOUS DEDUCTIONS

Professional /Union dues: _____	Attorney Fees/Protection of Income: _____
Tax Preparation fees: _____	Childcare: _____
Education/Seminars: _____	Child's Name: _____
Job seeking expense: _____	Child's Social Security #: _____
Business publications: _____	Provider's Name: _____
Unreimbursed supplies: _____	Address: _____
Safety Shoes & equipment: _____	Soc. Sec. #: _____
Uniform & cleaning: _____	or FEIN #: _____
Investment expenses: _____	<input type="checkbox"/> Alimony — to whom: _____
Safety deposit box: _____	Social security number: _____

ESTIMATED TAX PAID

1ST QUARTER:	FEDERAL	STATE	DATE PAID
2ND QUARTER:	FEDERAL	STATE	DATE PAID
3RD QUARTER:	FEDERAL	STATE	DATE PAID
4TH QUARTER:	FEDERAL	STATE	DATE PAID

NOTES / QUESTIONS

