

**ITEMIZED DEDUCTIONS  
2021 SCHEDULE A DATA SHEET**

Use this form to help you organize your business-related tax info. Please provide information applicable to you.

Medical and Dental Expenses		Mortgage Interest Expenses	
Prescriptions	\$	Reported on 1098	\$
Health insurance premium	\$	Not reported on 1098	\$
Insurance reimbursements	\$	Interest paid to: _____	
Long-term care premiums	\$	Last four of SSN of payee: XXX – XX - _____	
Hospitals and lab fees	\$	Eligible interest on home equity or refinance used for home improvement	\$
Doctor and dentists	\$	Points paid in tax year:	\$
Eyeglass, braces, etc.	\$	<b>Unreimbursed Employee Expenses</b> <i>For certain state returns only; no longer deductible on Federal.</i>	
Medical mileage: _____		<i>Vehicle information</i>	
Other medical expenses	\$	Vehicle description: _____	
<b>Charitable Contribution Expenses</b>		Date placed in service: __ / __ / ____	
Cash or check donations total amount	\$	Original cost	\$
Volunteer work expenses	\$	Total miles: _____	
Non-cash donations (furniture, clothing, etc.)	\$	Business miles: _____	
Organization items donated to: _____		Commuting miles: _____	
Date donated: __ / __ / ____		Actual expenses (tires, gas, ins., oil, etc.)	\$
<b>If non-cash donations is over \$500</b>		Tools	\$
Organization: _____		Lodging	\$
Articles donated: _____ _____		Meals	\$
Cost of articles	\$	Uniforms	\$
Value when donated	\$	Employment / job seeking	\$
Date donated: __ / __ / ____		Safety shoes & gloves	\$
<b>Tax Expenses</b> <i>Enter full amount of payment, we will determine federal limitations</i>		<b>Casualty Loss Expenses</b>	
Real estate tax	\$	Name of Federal Disaster: _____	
Personal property tax	\$	State Only, type of disaster: _____	
State income tax	\$	<b>Miscellaneous Expenses</b>	
Sales tax	\$	Gambling losses	\$
Locality: _____		Impairment-related work expenses	\$
Other tax	\$		
Type of other tax: _____			

We prepare your return from the information you furnished us, without verification. Keep all records in accordance with IRS requirements. Upon examination of the returns by taxing authorities, request may be made for underlying data.

**I certify that all the information provided is true and accurate to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_