



Taxpayer & Spouse: _____

ITEMIZED DEDUCTIONS DETAIL – MODULE 11

Please provide the information requested below. Please circle the applicable response where available in this document. If the question does not pertain to you please mark N/A. Unless indicated, all questions pertain to the _____ tax year. Please use separate sheets if more space is needed.

Itemized Deductions

1. Medical Expenses

- a. Did you or your spouse pay for medical expenses during the tax year including insurance premiums, transportation, and qualified long-term care insurance? Medical expenses, including insurance premiums, which were paid by an employer-sponsored health insurance plan and were not included on your W-2 are not deductible and not includable. yes/no/na
- i. If yes, provide a list of expenses and third party receipts associated with the expense discussing the service rendered and proof of payment. Provide a description of the receipt and the type of substantiation provided.

2. Federally-Declared Disaster Loss – If applicable, provide the amount of the loss, copies of insurance claim reports, documents discussing the loss, third party supporting documents discussing how much you paid for the property and for to the property improvements, and insurance documents establishing that there is no prospect of recovery. Indicate the type of substantiation provided.

- a. Did you or spouse have a loss during the year as a result of a federally declared disaster? yes/no/na

3. State and Local Tax

- a. Did you or your spouse incur and pay income taxes to a state, municipality, county, or city during the year? yes/no/na
- b. Did you purchase a motor vehicle, an aircraft or boat, a home (including a mobile home or prefabricated home)? yes/no/na
- c. Did you or your spouse pay general sales tax or use tax to a state, municipality, county, or city during the year on items other than those discussed in the previous question? yes/no/na

4. Charitable Contributions

- a. Did you or your spouse make any charitable contributions during the tax year? yes/no/na
- i. If yes, which charitable organizations did you and/or your spouse contribute to?
- ii. If yes, did you and/or spouse contribute money, property, or did you and/or your spouse volunteer?
- A. If you and/or your spouse contributed money, how much did you contribute? Provide a receipt from the charity for each donation, discussing the amount donated, provide proof of each donation (i.e. bank statement, etc.), and indicate the type of substantiation was provided supporting proof of payment of the donation.
- B. If you and/or your spouse contributed property, what was the fair market value of the property contributed?
- C. Did you or your spouse contribute property (other than cash) with a fair market value or more than \$5,000 to a charitable organization? yes/no/na
1. If yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.

6. Educator Expenses

- a. Are you or your spouse teachers or other educators? yes/no/na
- i. If yes, are you or your spouse teachers or other educators in grades K-12? yes/no/na
- A. If yes, did you or your spouse buy any books, supplies, computer equipment, or other classroom equipment for the class or school for that were not reimbursed by the school? yes/no/na

7. Do you have moving expenses for active military? yes/no/na

8. Property Taxes

- a. During the tax year did you pay property taxes on real or tangible personal property owned by you, your spouse, or both of you that was not used in a trade or business? yes/no/na
- b.
- i. If yes, provide the amount of property taxes paid, a copy of the property tax bill, and proof of payment.

9. Mortgage Interest – If applicable, provide a copy of the Form 1098-INT.

- a. Did you pay any mortgage interest during the year for your main home (where you spend more of your time) or a second home? yes/no/na
- b.
- i. If yes, provide amount, a copy of the Form 1098-INT or mortgage interest statement.

CERTIFICATION

The undersigned certifies, under the penalties of perjury, that the information provided in response to the foregoing questions is complete and accurate to the best of his or her knowledge. The undersigned further certifies that he or she has provided the information requested herein. The undersigned also certifies that he or she has verified the information provided in this document and states that it comports with the supporting documentation provided, if any.

Taxpayer's Signature

Spouse's Signature

Taxpayer's Printed Name

Spouse's Printed Name

Dated:

Dated: