

## Schedule A Tax Deduction Worksheet

### Contributions

#### Cash Contributions

Church (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
 Church (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
 Church (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
 Church (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
 Other (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
 Other (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
 Other (Name: \_\_\_\_\_) \$ \_\_\_\_\_

#### Noon-Cash Contribution

Church (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
 Desc.: \_\_\_\_\_  
 Other (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
 Desc.: \_\_\_\_\_  
 Miles Driven for Charity \_\_\_\_\_

*Please attach any and all receipts*

#### Interest Paid

Home Mortgage Interest (attach form 1098) \$ \_\_\_\_\_  
 Home Mortgage Interest (attach form 1098) \$ \_\_\_\_\_  
 Home Mortgage Interest (attach form 1098) \$ \_\_\_\_\_  
 Home Mortgage Interest (attach form 1098) \$ \_\_\_\_\_  
 Home Mortgage Interest (other) \$ \_\_\_\_\_  
 Home Mortgage Interest (other) \$ \_\_\_\_\_

Mortgage Interest Paid to an Individual \$ \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Points Paid on Mortgage Loan \$ \_\_\_\_\_  
 Points Paid on Mortgage Loan \$ \_\_\_\_\_

*If you refinanced your primary or secondary residence or sold your home,  
 please bring the settlement sheet*

#### Miscellaneous

##### Un-Reimbursed Business Expenses:

Auto Expense (gas, repairs, etc.) \$ \_\_\_\_\_  
 Business Miles \$ \_\_\_\_\_  
 Business Phone \$ \_\_\_\_\_  
 Business Travel \$ \_\_\_\_\_  
 Commuting Miles \$ \_\_\_\_\_  
 Meals & Entertainment \$ \_\_\_\_\_  
 Other Miles \$ \_\_\_\_\_  
 Safety Equipment \$ \_\_\_\_\_  
 Small Tools \$ \_\_\_\_\_  
 Teaching Expenses \$ \_\_\_\_\_  
 Uniform & Cleaning Fees \$ \_\_\_\_\_

#### Miscellaneous Expenses

Education Fees \$ \_\_\_\_\_  
 Investment Expense \$ \_\_\_\_\_  
 Job Search Fees \$ \_\_\_\_\_  
 Legal Fees \$ \_\_\_\_\_  
 Safe Deposit Box \$ \_\_\_\_\_  
 Subscriptions (trade journals) \$ \_\_\_\_\_  
 Tax Preparations Fees \$ \_\_\_\_\_

### Medical Expenses

#### Medical Expenses

Insurance Premium \$ \_\_\_\_\_  
 Prescriptions \$ \_\_\_\_\_  
 Long Term Care Insurance \$ \_\_\_\_\_  
 Doctor (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
 Doctor (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
 Doctor (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
 Doctor (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
 Doctor (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
 Doctor (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
 Dentist (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
 Dentist (Name: \_\_\_\_\_) \$ \_\_\_\_\_  
 Hospital Care \$ \_\_\_\_\_  
 Laboratory & X-Ray Costs \$ \_\_\_\_\_  
 Miles Driven for Medical Care \$ \_\_\_\_\_  
 Medical Travel (Parking, taxis, airfare, etc.) \$ \_\_\_\_\_  
 Medical Travel (lodging) \$ \_\_\_\_\_  
 Ambulance Costs \$ \_\_\_\_\_  
 Glasses \$ \_\_\_\_\_  
 Hearing Aids & Batteries \$ \_\_\_\_\_  
 Prosthetics Appliances \$ \_\_\_\_\_  
 Sick Room Supplies & Appliances \$ \_\_\_\_\_  
 In Home Attendant or Nursing Service \$ \_\_\_\_\_  
 Insurance Reimbursements \$ \_\_\_\_\_

#### Casualty

Total Casualty Loss (attach document) \$ \_\_\_\_\_  
 Examples: Theft, Earthquake, Fire, Flood

#### Adjustment To Income

Archer MSA Deduction \$ \_\_\_\_\_  
 Business Expense \$ \_\_\_\_\_  
 (Reservists, artists, & fee-based officials) \$ \_\_\_\_\_  
 Moving Expenses (work related) \$ \_\_\_\_\_  
 SEP, SIMPLE & Qualified Plan Contributions \$ \_\_\_\_\_  
 Alimony Paid (Name & SSN#: \_\_\_\_\_) \$ \_\_\_\_\_  
 IRA Deductions \$ \_\_\_\_\_  
 Student Loan Interest Paid \$ \_\_\_\_\_  
 Jury Duty Pay (Given To Your Employer) \$ \_\_\_\_\_

#### Taxes Paid

State Income Tax (prior year return) \$ \_\_\_\_\_  
 State Income Tax (current year estimate) \$ \_\_\_\_\_  
 State Income Tax Withheld (from W-2) \$ \_\_\_\_\_  
 SDI Withheld (from W-2) \$ \_\_\_\_\_  
 Real Estate Taxes (attach appropriate form) \$ \_\_\_\_\_  
 Personal Property Tax \$ \_\_\_\_\_  
 DMV Registration \$ \_\_\_\_\_  
 Other (Desc.: \_\_\_\_\_) \$ \_\_\_\_\_  
 Other (Desc.: \_\_\_\_\_) \$ \_\_\_\_\_  
 Other (Desc.: \_\_\_\_\_) \$ \_\_\_\_\_  
 Other (Desc.: \_\_\_\_\_) \$ \_\_\_\_\_

#### Please Sign Below

\_\_\_\_\_  
 Please print your name

\_\_\_\_\_  
 Please sign your name

\_\_\_\_\_  
 Date