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

I donated a vehicle worth more than \$500I paid interest on borrowings for investments	I made more than \$5,000 of noncash donations 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:						

MEDICAL EVDENCEC						
MEDICAL EXPENSES you paid for yourself or your						
dependent that were not reimbursed						
Insurance* (specify)	\$					
	\$					
	\$ \$ \$					
	l •					
*Not paid pre-tax from paycheck for	or health,					
dental, vision, long-term care. Prov	ide Form 1095-					
A from Marketplace if received.						
Doctors, dentist, etc.	\$					
Hospital, medically needed care						
facility, etc.	\$					
Prescriptions (even if filled with						
over the counter meds)	\$					
Medical aids (canes, glasses, etc.)	\$					
Other (specify):						
	\$					
	\$					
Parking	\$ \$ \$					
Bus or car service	\$					
Medical miles	mi.					
CHARITY (you need to keep evidence of each; if						
\$250 or more, must be in writing from charity)						
Cash contributions (total)	\$					
Other than cash, specify name of	(provide thrift					
charity (no appreciated items):	store value)					
, i	\$					
	\$					
	\$					
Charitable miles	mi.					

STATE/LOCAL TAXES	
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)	\$
Personal property (e.g. tax	
portion of car registration)	\$
Other taxes paid (specify):	
	\$
	\$
INTEREST	
Home mortgage interest	
- on main home	\$
- on second loan or home	\$
Loan balance owed at year	
end (Form 1098):	\$
Amount of loan used to buy,	
build, or improve home, if	
less than the full amount	\$
Mortgage insurance required	\$
by lender	
Year loan originated	Yr:
Other (specify):	
,,,	\$
OTHER:	
Gambling losses	\$
Other (specify):	
	\$

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