

## Itemized Deductions (Schedule A)

This schedule is for personal expenses only. Please do not include business expenses here.  
Use the Rental, Farm, or Business schedule(s) as applicable.

### Medical & Dental Expenses

Health Insurance Premiums (paid by you)	_____
Long-term Care Premiums (primary)	_____
Long-term Care Premiums (spouse)	_____
Medical Mileage	_____

### Other Out-of-Pocket Medical Expenses

Co-pays	_____
Prescriptions	_____
Glasses & Contacts	_____
Hearing Aids	_____
Orthodontics/Other Dental	_____
Medical Equipment & Supplies	_____
Hospital Services	_____
Laboratory Services	_____
Nursing Services	_____
Other	_____

### Medical Expense Notes

Please do not include Medicare premiums that are included on your Form 1099-SSA (your Social Security "W2").

If you are self-employed and purchased insurance for yourself through Medicare, the marketplace, or another business insurance plan please do not include it here. Include it on the Business Expense schedule.

New Mexico Residents, if you received medical services/treatment outside of New Mexico please divide your expenses into those incurred in New Mexico and those incurred elsewhere.

If you purchased insurance through a healthcare exchange (the marketplace) please provide your Form(s) 1095-A.

### Taxes Paid

State & Local Income Taxes	_____
Real Estate Taxes (for non-business property only)	_____
Personal Property Taxes (vehicles, RVs, etc.)	_____
Other	_____

### Interest Paid by You (please see notes on next page)

Mortgage interest on principal residence	_____
Mortgage interest on second home	_____
Mortgage insurance premiums	_____
Other	_____

### Mortgage Interest Notes

Please provide all Forms 1098-Int.

If you refinanced your home or have interest on a Home Equity Line of Credit (HELOC) please include Forms 1098-Int and/or your refinance documents and be prepared to answer additional questions related to the use of the funds.

If mortgage interest was paid to an individual please provide the information listed below:

Name

Address

City, State, ZIP

SSN or EIN

### Charitable Contributions

Money (provide acknowledgements/receipts)

Stuff (provide complete written acknowledgement for each donation including the information listed below include additional pages or a spreadsheet if you like)

Name of Charity/Date of Donation

Detailed Description of Items Donated

How you acquired the items (gift, purchase, etc.)

About what you paid for the items

Fair Market Value of Items (usually garage sale/thrift store price)

Charitable Miles

### Charitable Contribution Notes

Donations to GoFundMe campaigns, private individuals, political organizations or campaigns, and other non 501(c)(3) organizations are not deductible.

Cash donations of \$250 or more require written acknowledgment from the charity.

Donations of time or services are not deductible.

Large non-cash donations have specific rules for substantiation. If you donated more than \$500 worth of "stuff" expect some follow up questions.

If you donated to United Way or another charitable organization through your employer and the amount is included on your W2 please do not include it here.

### Gambling Losses (substantiation required)

### Questions/Additional Information