

## 2024 Itemized Deductions (Sch A) Worksheet (fillable)

I donated a vehicle worth more than \$500       I made more than \$5,000 of noncash donations  
 I paid interest on borrowings for investments       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.  
Please ask if you are unsure or have any questions.

Your name: \_\_\_\_\_

<b>MEDICAL EXPENSES</b> you paid for yourself or your dependent that were not reimbursed	
Insurance* (specify)	\$
	\$
	\$
	\$
*Not paid pre-tax from paycheck for health, dental, vision, long-term care. Provide 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.)	\$
COVID protective items	\$
Other (specify):	\$
	\$
Parking	\$
Bus or car service	\$
Medical miles	mi.
<b>CHARITY</b> (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 charity (provide thrift store value) (no appreciated items)	\$
	\$
	\$
Charitable miles	mi.

<b>STATE/LOCAL TAXES</b>	
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):	\$
	\$
<b>INTEREST</b>	
Home mortgage interest - on main home	\$
- on second loan or home	\$
Loan balance owed at Jan 1 or date acquired (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):	\$
<b>OTHER:</b>	
Gambling losses/expenses	\$
Investment expenses (for state)	\$
Other (specify):	\$

We'll use your 2024 federal standard deduction shown below if more than your itemized deductions above (if blind, add \$1,950 or \$1,550 if married):

Single	\$14,600	Married (filing joint)	\$29,200	HOH	\$21,900
Single(65+)	\$16,550	Married (one 65+)	\$30,750	HOH (65+)	\$23,850
		Married (both 65+)	\$32,300		