
Complete and return the next 4 pages ONLY if you can Itemize. Otherwise, we will claim the appropriate and allowable standard deduction for both the IRS and state.

YES or NO Did you incur deductible medical expenses? Common expenses include: Health insurance, medications, dental, hospital and doctor visits, mileage and eyeglasses, etc. See Page 4 of this Organizer for examples of allowable medical expenses to consider.

Medical Expense Amounts Paid: \$ _____

YES or NO Did you pay real estate taxes - Provide detail or mortgage statement.

YES or NO Did you pay to license vehicles, boats, motor homes or motorcycles? If so, provide a copy of the vehicle registration form or give amounts. DO NOT include sales tax paid on a new vehicle. In Nebraska, include **only** Motor Vehicle Tax - Not Fees, Not Wheel Tax.

Vehicle tax Amounts Paid \$ _____

YES or NO Did you pay interest on a home mortgage? If so, please provide the Form 1098 that was mailed to you by your mortgage company. If you have more than one loan, provide ALL 1098's for all loans.

YES or NO Are any of your home loans and related Form 1098's created from loans for debt OTHER THAN a home loan? For instance, did you consolidate debts into a home loan, pay for college with a home loan, or any other such non-home purchase using home equity? **If YES**, explain in the Notes section of the Individual Tax Organizer (pg. 11).

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- YES or NO Did you pay mortgage interest to a bank or individual that did not provide you with a Form 1098 or 1099? Provide information.
- YES or NO Did you pay points on a new loan for your current home or a new home? If so, provide us a copy of your closing statement showing points paid. If you cannot locate this statement, call your closing agent or real estate representative for a copy.
- YES or NO Did you borrow money from a bank in order to purchase stocks? If yes, how much interest did you pay on the loan(s) during year?
\$_____.
- YES or NO If you received taxable gambling income, what were your total gambling losses? (Ignore this if all you have are losses)
\$_____.
- YES or NO Did you purchase a new home or sell your old home? If yes, we need settlement statement for each real estate transaction. If you cannot locate your statement, call your closing agent or broker for a copy. We need closing statements on ALL real estate transactions – both personal homes and rental properties.
- YES or NO Did you suffer losses from a federally declared disaster. If yes, explain in the Notes section of the Individual Tax Organizer (pg. 11).

CHARITABLE CONTRIBUTIONS:

Cash/Check/Stock:

- YES or NO Did you make any charitable contributions? If yes, what was the total amount you gave away? Please do not give us all receipts. Just add up your total and place that amount on the blank space below. If you donated stocks, provide details from your broker.
\$_____ Total Cash/Check/Stock Contributions
- YES or NO Did you pay out-of-pocket expenses for volunteer purposes to a charity? If yes, how much did you pay? \$_____.

CHARITABLE CONTRIBUTIONS (CONTINUED):

Non-Cash Donations:

YES or NO Did you drive your personal vehicle for charitable purposes? If yes, how many miles did you drive that were not reimbursed?

Number of miles driven for charity: _____.

YES or NO Did you make any non-cash charitable contributions (such as Goodwill)? If yes, **you must provide the following information for each donation:**

Charity Name: _____ Date of Donation: _____

Full Address: _____

Description of goods donated: _____

Your estimation of the value of goods donated. You must provide estimate.

\$ _____

Charity Name: _____ Date of Donation: _____

Full Address: _____

Description of goods donated: _____

Your estimation of the value of goods donated. You must provide estimate.

\$ _____.

We cannot estimate for you. Visit Goodwill.org or Salvation Army at satruck.org for Donation Value Guides to assist you in the estimate of your personal items.

EXAMPLES OF DEDUCTIBLE MEDICAL EXPENSES YOU PAID FOR OUT-OF-POCKET:

- Prescriptions
- Physician Fees
- Eye Doctors
- Hearing Doctors
- Dental Doctors
- Medicare Premiums (this is listed on your Social Security Statement)
- Medicare Part D Premiums (this is listed on your Social Security Statement)
- Supplemental Insurance
- Chiropractor
- Dental Insurance
- Nursing Home Insurance
- Cancer Insurance
- Oxygen Supplies
- Glasses/Contacts
- Dentures
- Hearing Aids
- Hearing-aid Batteries
- Canes
- Crutches
- Walkers
- Wheelchairs
- Insulin Syringes
- Nursing Home Care
- In-Home Licensed Care
- Miles Drives for Medical Care
- Other Prescribed Over the Counter Medications
- Health Related Home Renovations

Note: You **cannot** deduct any of the amounts above if they are paid for through an HSA, FSA or any other type of Pre-Tax deduction.