2022 Itemized Deductions (Sch A) Worksheet (type-in 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:

MEDICAL EXPENSES you paid for	•	STATE/LOCAL TAXES	
your dependent that were not reim	bursed	State/local income tax paid	•
Insurance* (specify)	\$	(other than through withholding)	\$
	\$	Sales tax on car or home	
	\$	improvement purchases	\$
	\$	Real estate taxes (not service	
*Not paid pre-tax from paycheck for health,		fees like garbage or sewer)	\$
dental, vision, long-term care. Provide Form		Personal property (e.g. tax	
1095-A from Marketplace if received.		portion of car registration)	\$
Doctors, dentist, etc.	\$	Other taxes paid (specify):	
Hospital, medically needed care			\$
facility, etc.	\$		\$
Prescriptions (even if filled with		INTEREST	
over the counter meds)	\$	Home mortgage interest	
Medical aids (canes, glasses, etc.)	\$	- on main home	\$
COVID protective items	\$	- on second loan or home	\$
Other (specify):	\$	Loan balance owed at Jan 1 or	
· · · · ·	\$	date acquired (Form 1098):	\$
Parking	\$	Amount of loan used to buy,	
Bus or car service	\$	build, or improve home, if	
Medical miles Jan - Jun	mi.	less than the full amount	\$
Medical miles Jul - Dec	mi.	Mortgage insurance required	
CHARITY (you need to keep evidence of each; if		by lender	\$
\$250 or more, must be in writing from charity)		Year loan originated	Yr:
Cash contributions (total)	\$	Other (specify):	
Other than cash, specify name of charity			\$
(provide thrift store value) (no appreciated items)		OTHER:	1
	\$	Gambling losses/expenses	\$
	\$	Other (specify):	т Т
	\$		\$
Charitable miles	mi.	<u></u>	Ψ

We'll use your 2022 federal standard deduction shown below if more than your itemized deductions above (if blind, add \$1,750 or \$1,400 if married):

Married \$25,900 Married (one 65+) \$27,300 Married (both 65+) \$28,700

HOH \$19,400 HOH (65+) \$21,150