

Itemized Deduction Consolidation Sheet

Medical and Dental Expenses - Do not include expenses reimbursed or paid by others.

Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Gifts to Charity – Cash/Check

Name of Charity	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Gifts to Charity – Non-cash Items (household goods, clothing, etc.)

Name of Charity	Value
_____	_____
_____	_____
_____	_____
_____	_____

Real Estate Taxes Paid

Paid to (usually county of residence):	Amount
_____	_____
_____	_____

Personal Property Taxes Paid

Paid to (usually county of residence):	Amount
_____	_____
_____	_____
_____	_____
_____	_____

