

Personal Deductions Worksheet

Tax Year 2020

Your Name _____

Medical and Dental	
Insurance	_____
Prescriptions	_____
Dr. Visits	_____
Medical Equipment	_____
Vision	_____
Dental	_____
Taxes Paid	
State income tax	_____
Real estate property tax	_____
Advalorem tax (car tag)	_____
Auto Sales tax paid	_____
Other State Taxes paid	_____
Interest and Points	
Mortgage Interest	_____
Mortgage interest	_____
2 Mortgage interest	_____
Points Paid	_____
Other Mortgage Interest	_____
PMI	_____
Donations	
Church	_____
Gifts cash	_____
Noncash	_____
etc	_____

By signing this worksheet you are agreeing that all information contained above was supplied by you and is true to the best of your knowledge and does not contain false and or misleading information designed to defraud the Internal Revenue Service. You also agree to keep all supporting documents for a minimum of 3 years.

signature _____
date _____

signature _____
date _____