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ITEMIZED DEDUCTION WORKSHEET 2017

Your itemized expenses on this sheet must total more than: **\$12,700** (married filing joint) or **\$6,350** (single) to be used as deductions. If the total is less, the standard deduction will be taken.

NAME _____

PHONE _____

EMAIL _____

CELL _____

MEDICAL & DENTAL EXPENSES

Prescription medicines and drugs	\$
Doctors, dentists, and nurses	\$
Hospitals & nursing homes	\$
Eyeglasses & contact lenses	\$
Lodging & transportation for medical: Out of pocket expenses	\$
Number of Medical Miles Driven 2017	
Other medical & dental expenses	\$

HEALTH INSURANCE

Did you have Health insurance in 2017? (circle the appropriate choice)	Entire year Part year Not covered
Medical insurance premiums you paid (Excluding Medicare Part B Premiums)	\$
Medicare Part B Premiums - Husband	\$
Medicare Part B Premiums - Wife	\$
Long term care premiums	\$

TAXES YOU PAID

Real estate taxes – principal residence	\$
Real estate taxes – investment property	\$

INTEREST PAID

Did you refinance in 2017? If so, bring closing
Statements for old and new loans.

Home mortgage interest & points (on form 1098)	\$
Home equity interest	\$
Investment interest	\$

CHARITABLE CONTRIBUTIONS

(Paid by cash or check)

Church	\$
Schools	\$
Cancer, Heart, March of Dimes, etc.	\$
Cash out of pocket	\$
Number of charitable miles driven _____	
Misc.	\$

NON-CASH CONTRIBUTIONS

	Date Given	Value
Deseret Industries	___/___/2017	\$
Salvation Army	___/___/2017	\$
Other	___/___/2017	\$

MISCELLANEOUS DEDUCTIONS

Union & Professional Dues	\$
Uniforms/Cleaning	\$
Non-reimbursed Employee Expenses	\$
Tax Preparation Fee	\$
Safe Deposit Box Rental	\$
Other	\$