



Form 1040 - Schedule A Itemized Deduction Organizer

Use the Organizer on the next page to summarize any "Itemized Deductions" to be deducted on your Form 1040 and/or State Income Tax Return for Individuals.

You do not need to complete this organizer if you will be using the "Standard Deduction."

The Standard Deduction is automatically subtracted from every tax payer's income, unless they provide Itemized Deductions greater in amount than that Standard Deduction.

The Standard Deduction is different depending on your filing status. The 2024 Standard Deduction amounts are:

	<u>Federal Tax</u>	
		*for residents of other states, determine your state standard deduction, or contact us.
Single:	\$14,600	
Married Filing Separate:	\$14,600	
Head of Household:	\$21,900	
Married Filing Jointly:	\$29,200	

If you are confident the total the Itemized Deductions on the organizer on the next page is less than the State Standard Deduction above, you do not need to gather and complete the information for this organizer. -Because taking the time to complete the organizer will not lower your tax.

If you believe the total of the Itemized Deductions will be more than the State Standard Deduction, you should gather the specific information and list it below. Doing so will result in a larger deduction being subtracted from your total income to get to taxable income, and therefore will lower your tax.

If you are not sure if the total of the Itemized Deductions would be higher in amount, take a few minutes to interest estimated amounts first, and see how much those number total.

Our tax preparation fee is higher for an Income Tax Return that uses itemized deductions because it takes time and expertise to correctly enter this information. If you provide Itemized Deductions, we will analyze the information and ask additional questions to ensure the maximum amount of itemized deductions! Generally, the decrease in tax from using Itemized Deductions will be more than the increase in preparation fee.



Bopp Financial Services
Individual Itemized Deductions (Sch A)

20__
If for a different year

Client Name: _____

SCHEDULE A - ITEMIZED DEDUCTIONS

Provide Whole (\$) Dollar Totals (no cents) for each category below unless a Number (#) is indicated

(The most common Itemized Deductions are included below, but it is not an Exhaustive List)

(If you only provide receipts or bank/credit card statements for us to total, additional fees will apply)

Medical and Dental:

Annual Pre-tax Health Related Insurance Premiums*:

Health Insurance Premiums**:

\$ _____

Dental Insurance Premiums:

\$ _____

Long-term Care Premiums:

\$ _____

*Only include amounts paid directly "out of pocket", DO NOT include premiums deducted from your paycheck (pre-tax money)

****Attach all Forms 1095 if you were enrolled in ObamaCare.**

If you were enrolled in ObamaCare, and do not provide the Form 1095, the IRS will not process your return, instead you will get an IRS letter.

Out of pocket expenses and copays:

Doctors:

\$ _____

Dentists:

\$ _____

Vision (Glasses, Contacts, Exams, Surgery):

\$ _____

Prescribed Drugs:

\$ _____

Medical Equipment:

\$ _____

(wheelchair, cane, oxygen, non-allergenic, etc.)

Cost of Prescribed Therapy:

\$ _____

(dietary, physical therapy)

Medical Miles: # _____ (x\$.22) \$ _____

Medical Portion of Assisted Living: \$ _____

Taxes Paid:

Real Estate Taxes: \$ _____

Ad valorem tax on car tags: \$ _____

Fire or Library Dues: \$ _____

Sales Tax paid on Major purchases \$ _____

Interest Paid:

Personal Use Home Mortgage Interest:

(List by Company and **Attach Form 1098**)

(Do NOT include mortgage interest on rentals here)

Bank or Mortgage Company:

1) \$ _____

2) \$ _____

3) \$ _____

4) \$ _____

Investment Interest Expense by Bank & Acct# or K-1:

1) \$ _____

2) \$ _____

Charitable Contributions:

Money Contributions to Churches & Charities

By cash, check or credit card: \$ _____

Non-Cash (clothing, furniture, etc.)

Fair Market Value of Goods Donated: \$ _____

Type of goods: _____

Date contributed: _____ Cost: \$ _____

If multiple charities/dates, include same info for each.

If over \$500 total deduction, include letters/receipts.

Conservation Easements?(Y/N) _____

(If Yes, please provide ALL attachments)

Other Miscellaneous Deductions:

(Items in this box are ONLY deductible on STATE returns)

Prior Year Tax Preparation Fee: \$ _____

Safe Deposit Box Rental \$ _____

Investment Expenses \$ _____

Unreimbursed W-2 Employee Expenses*

***If Self-Employed or Contractor, DO NOT include here - See Sch C**

Uniforms & Uniform Cleaning Costs: \$ _____

Shoes, Boots, Helmets, Safety Glasses: \$ _____

Equipment or Tools \$ _____

Use of Personal Phone (% business x bill) \$ _____

Travel/Seminars \$ _____

Deductible Meals \$ _____

Other _____: \$ _____

Employee Miles: # _____ (x\$.655) \$ _____

Car Yr./Make/Model: _____

If claiming Per Diem for Out of Town Work (Or Attach List)

City _____ Days _____

City _____ Days _____

Home Office:

< Indicate which Form 1098 (to left) for Home used

to capture Interest & Real Estate Taxes: # _____

Square Ft of Home: # _____

Square Ft used as office: # _____

Total Annual Utilities: \$ _____

Hazard Insurance: \$ _____

Mortgage Insurance (PMI): \$ _____

Repairs / Other: \$ _____

ADDITIONAL INFORMATION & QUESTIONS?

Please list any additional information, or lists requested above:

Do you have any questions about this the information on this Organzier?
