



# Itemization Organizer

Use this form to assist in preparing information to itemize your taxes.

Name: \_\_\_\_\_

**Claimable Expense Information:**

Did you pay any medical expenses including health insurance premiums?  
Please include records and provide totals below. (Do not include reimbursed costs.)

Out-of-pocket premiums: \_\_\_\_\_ Out-of-pocket medical/dental visits: \_\_\_\_\_

Out-of-pocket Rx: \_\_\_\_\_ Out-of-pocket medical mileage: \_\_\_\_\_

*Medical marijuana is NOT tax deductible on the federal return.*

Long-term care insurance: (Don't include these premiums above. MN has a tax credit.)

Covered Individual	Insurer	Policy number	Premium amount

Other medically necessary expenses: \_\_\_\_\_ (Usually related to adaptation for a disability.  
Include information on necessity. Don't include work related, see impairment expenses below.)

Did you pay any state or local taxes such as property or income taxes?

Include records of taxes paid and provide totals below.

State/Local income taxes paid: \_\_\_\_\_ (Do not include amounts listed on W-2s.)

Sales taxes: \_\_\_\_\_ (Include information on items taxed at higher rates, like cars.)

Real estate taxes paid: \_\_\_\_\_ (Don't include costs for services, like waste collection.)

Personal property taxes: \_\_\_\_\_ (Vehicle registration is most common.)

Foreign taxes paid: \_\_\_\_\_ (Include info on which country and type of income.)

Did you pay any mortgage interest on a primary or secondary home?

Include all forms 1098 and information on the year loans were taken out and how they were used.

Mortgage paid: \_\_\_\_\_ (In excess of amounts on forms 1098.)

Points paid: \_\_\_\_\_ (In excess of amounts on forms 1098.)

Mortgage insurance premiums: \_\_\_\_\_ (In excess of amounts on forms 1098.)

Did you make any charitable contributions during the year?

For each organization, include records on the dates contribute, amount contributed, and if the donation was cash or in-kind. Please include copies of receipts where possible. Use multiple sheets if necessary.

Organization	Amount	Date	Type

If you made a Qualified Charitable Distribution from a retirement account, please include records on which retirement account the distribution was from and where it was contributed.

Did you have expenses related to income not listed above?

Include records and questions on any expenses you are wondering if you can deduct on your taxes.

Gambling losses: \_\_\_\_\_ (Include records of loss, deductible up to amount of winnings.)

Casualty/theft: \_\_\_\_\_ (include records on the event and property lost.)

Impairment expenses for work: \_\_\_\_\_ (Unreimbursed costs to allow you to work due to disability.  
Don't include in health expenses above.)

Unreimbursed employee business expenses: \_\_\_\_\_ (Not on federal, but is on MN.)