

**Martinez Tax Service**  
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**ITEMIZED DEDUCTION CHECK LIST**

MEDICAL EXPENSES	AMOUNT
Medical/Dental Expenses	\$
Health Insurance	\$
Long Term Care Insurance	\$
Prescription Drugs	\$
Medical Mileage	\$
<b>Total</b>	<b>\$</b>

TAXES PAID	AMOUNT
State Income Tax	\$
Property Tax	\$
Other Property Taxes	\$
DMV Fees	\$
Misc.	\$
<b>Total</b>	<b>\$</b>

CHARITABLE CONTRIBUTIONS	AMOUNT
Church Contributions	\$
Payroll Deductions	\$
Volunteer Mileage	miles
Noncash Contributions (Goodwill, Salvation Army, etc)	\$
<b>Total</b>	<b>\$</b>

MORTGAGE INTEREST NAME OF MORTGAGE COMPANY	AMOUNT
1	\$
2	\$
3	\$
<b>Total</b>	<b>\$</b>

MISCELLANEOUS DEDUCTIONS	AMOUNT
Tools & Supplies (Job)	\$
Education Expenses	\$
Job Seeking Expenses	\$
Uniforms & Laundry	\$
Trade & Professional Journals	\$
Safety Equipment	\$
Union Dues	\$
Business Telephone	\$
Work Shoes	\$
Work-Related Travel Expenses	\$
Meals (Business)	\$
Un-reimburses Business Mileage	\$
Tuition Paid	\$
Interest on Student Loans	\$
Other	\$
<b>Total</b>	<b>\$</b>