

2024 Itemized Deductions (Sch A) Worksheet (fillable)

☐ I donated a vehicle worth more than \$500 ☐ I made more than \$5,000 of noncash donations
☐ I paid interest on borrowings for investments ☐ I repaid income (taxed in prior year) over \$3,000

If you checked any of the above, please stop here and speak with one of our Counselors.

If none is checked: enter your totals below for each expense – we do not need the details.

Please ask if you are unsure or have any questions.

Your name: _____

MEDICAL EXPENSES you paid for yourself or your dependent that were not reimbursed		STATE/LOCAL TAXES	
Insurance* (specify)	\$	State/local income tax paid (other than through withholding)	\$
	\$	Sales tax on car or home improvement purchases	\$
	\$	Real estate taxes (not service fees like garbage or sewer)	\$
*Not paid pre-tax from paycheck for health, dental, vision, long-term care. Provide Form 1095-A from Marketplace if received.		Personal property (e.g. tax portion of car registration)	\$
Doctors, dentist, etc.	\$	Other taxes paid (specify):	\$
Hospital, medically needed care facility, etc.	\$		\$
Prescriptions (even if filled with over the counter meds)	\$	INTEREST	
Medical aids (canes, glasses, etc.)	\$	Home mortgage interest - on main home	\$
COVID protective items	\$	- on second loan or home	\$
Other (specify):	\$	Loan balance owed at Jan 1 or date acquired (Form 1098):	\$
	\$	Amount of loan used to buy, build, or improve home, if less than the full amount	\$
Parking	\$	Mortgage insurance required by lender	\$
Bus or car service	\$	Year loan originated	Yr:
		Other (specify):	\$
Medical miles	mi.	OTHER:	
CHARITY (you need to keep evidence of each; if \$250 or more, must be in writing from charity)		Gambling losses/expenses	\$
Cash contributions (total)	\$	Investment expenses (for state)	\$
Other than cash, specify name of charity (provide thrift store value) (no appreciated items)		Other (specify):	
	\$		
	\$		
	\$		
Charitable miles	mi.		

We'll use your 2024 federal standard deduction shown below if more than your itemized deductions above (if blind, add \$1,950 or \$1,550 if married):

Federal		Federal		Federal	
Single	\$14,600	Married (filing joint)	\$29,200	HOH	\$21,900
Single(65+)	\$16,550	Married (one 65+)	\$30,750	HOH (65+)	\$23,850
		Married (both 65+)	\$32,300		
CA Single	\$5,540			CA HOH	\$11,080
		CA Married	\$11,080		
National Tax Training Committee				November 2024	