



BP Administrations

11902 Rosecrans Ave Suite B Norwalk, CA. 90650 Tel (562) 381-2408 Fax (562) 991-5401

Schedule A: Itemized Deductions

General Information

Tax Year: _____ Taxpayer's Full Name: _____

Itemized deductions are specific types of expenses the taxpayer incurred that may reduce taxable income. Types of itemized deductions include mortgage interest, state or local income taxes, property taxes, medical or dental expenses in excess of AGI limits, or charitable donations.

Medical Expenses

In 2022, the IRS allows all taxpayers to deduct their qualified unreimbursed medical care expenses that exceed 7.5% of their adjusted gross income.

Health Insurance Premiums?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount? \$ _____/month x 12 _____
Other Medical and Dental expenses?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount? \$ _____/month x 12 _____

Taxes Paid - DO NOT include rental property

General Sales Tax	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount? \$ _____
Property Taxes?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount? \$ _____

Interest Paid - DO NOT include rental property

Home Mortgage Interest?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount? \$ _____
Investment Interest?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount? \$ _____

Gifts to Charity

Any monetary Contributions?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount? \$ _____								
Non-Cash Contributions? Please list items:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. _____</td> <td style="width: 50%;">5. _____</td> </tr> <tr> <td>2. _____</td> <td>6. _____</td> </tr> <tr> <td>3. _____</td> <td>7. _____</td> </tr> <tr> <td>4. _____</td> <td>8. _____</td> </tr> </table>	1. _____	5. _____	2. _____	6. _____	3. _____	7. _____	4. _____	8. _____
1. _____	5. _____								
2. _____	6. _____								
3. _____	7. _____								
4. _____	8. _____								

STATE DEDUCTIONS:

Do you have any Unreimbursed Employee Expenses:
If yes, please list below:

1. _____
2. _____
3. _____
4. _____
5. _____

Other Qualifying Expenses:

Union Due:	\$ _____
Tax Preparation Fee:	\$ _____
DMV Fees	\$ _____
Any gambling losses?	\$ _____
Casualties or Theft Losses	\$ _____
Other	\$ _____