



**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 2025 Standard Deduction amounts are:

	<u>Federal Tax</u>	<u>Alabama Tax*</u>	*for residents of other states, determine your state standard deduction, or contact us.
Single:	\$15,750	\$3,000	
Married Filing Separate:	\$15,750	\$4,250	
Head of Household:	\$23,625	\$5,200	
Married Filing Jointly:	\$31,500	\$8,500	

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 enter estimated deduction amounts on this form first to see how much those numbers 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.



Strategic Tax & Accounting, LLC

Individual Itemized Deductions (Sch A)

2025

Client Name: _____ **Cell#:** _____

If Married Filing Joint, which spouse is the contact person for tax matters: _____

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 hourly fees will apply)

Personal Charitable Contributions:		New Personal Vehicle Deductible Interest (2025 Purchase):	
Monetary Contributions to Churches & Charities:		Interest: \$ _____	
Total by cash, check or credit card: \$ _____		Vehicle VIN#: _____	
Non-Cash (clothing, furniture, etc.)		Personal (non-business) Taxes Paid:	
Donated Goods Fair Market Value: \$ _____		Real Estate Tax \$ _____	
If Non-Cash Donations total is over \$500, also provide:		Ad Valorem tax on car tags: \$ _____	
Type of goods: _____		Fire or Library Dues: \$ _____	
Donated to: _____		Personal Home Mortgage Interest Paid:	
Date contributed: _____		(List by Company & Attach Form 1098)(No Rental Prop Int here)	
Did you contribute to a Conservation Easement?(Y/N) <input type="checkbox"/>		Bank or Mortgage Company:	
If Yes, provide all required documentation to us.		1) \$ _____	
		2) \$ _____	
		Interest with no 1098 issued: \$ _____	
		Lender Name: _____	
Medical and Dental:		Other Personal Miscellaneous Deductions:	
Annual Out-of-Pocket Health Insurance Premiums*:		(Items in this box are <u>ONLY</u> deductible on <u>STATE</u> returns)	
Health Insurance Premiums: \$ _____		Prior Year Tax Preparation Fee: \$ _____	
Dental Insurance Premiums: \$ _____		Safe Deposit Box Rental: \$ _____	
Long-term Care Premiums: \$ _____		Investment Expenses: \$ _____	
Cancer Insurance Premiums: \$ _____		Investment Interest Expense: \$ _____	
for your share of ObamaCare listed on Forms 1095.		Unreimbursed W-2 Employee or K-1 Partner Expense	
** If your were on ObamaCare for any part of the year, Attach form 1095		*If Self-Employed or Contractor, DO NOT include here - Request Sch C	
Failure to attach Form 1095 will delay IRS processing.		Uniforms & Uniform Cleaning Costs: \$ _____	
Out of pocket expenses and copays:		Shoes, Boots, Helmets, Safety Glasses: \$ _____	
Doctors: \$ _____		Equipment or Tools: \$ _____	
Dentists: \$ _____		Business Use of Personal Phone/Intern \$ _____	
Vision (Glasses, Contacts, Exams, Surgery): \$ _____		Travel/Seminars: \$ _____	
Prescribed Drugs: \$ _____		Deductible Meals: \$ _____	
Medical Equipment: \$ _____		Other: \$ _____	
(include above wheelchair, cane, oxygen, non-allergenic, etc.)		Employee Miles: # _____ (x\$.70) \$ _____	
Cost of Prescribed Therapy: \$ _____		Home Office: (Will Use Mortgage Int and Tax from 1098)	
(dietary, physical therapy)		Square Ft of Home: # _____	
# of Medical Miles: # _____ (x\$.21) \$ _____		Square Ft used as office: # _____	
Medical Portion of Assisted Living: \$ _____		Total Annual Utilities: \$ _____	
		Hazard Insurance: \$ _____	
		Repairs / Other: \$ _____	
Gambling Income NOT INCLUDED on Forms W2-G: \$ _____		Gambling Losses: \$ _____	

ADDITIONAL INFORMATION & QUESTIONS?

Please list any additional information, or lists requested above:

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