

Year:

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Year:

Health insurance premiums
(paid by you, not through work) _____
 Amount above that is
 for Medicare premiums _____
 Long-term care premiums (you) _____
 Long-term care premiums (your spouse) _____
 Long-term care premiums (dependents) _____
 Mileage driven for medical purposes _____
 Out of pocket medical and
 dental expenses (list) _____

Charitable Contributions

Year:

Donations to charity (cash) _____
 Disaster relief contributions _____
 Miles driven for charitable purposes _____
 Donations to charity (noncash) _____
 If noncash donations are greater than \$500, list below.

Taxes Paid

State and local income taxes _____
 General sales tax
 (vehicle, boat, home, etc.) _____
 Real estate taxes _____
 Personal property taxes _____
 Auto registration taxes not
 deductible for state _____
 Other taxes (list)

Other Miscellaneous Deductions

Amortizable bond premiums _____
 Federal estate tax _____
 Gambling losses _____
 Impairment-related work expenses _____
 Claim repayments _____
 Unrecovered pension investments _____
 Loss from other activities
 from Schedule K-1 _____
 Ordinary loss debt instrument _____
 Excess deduction on termination _____

For state purposes ONLY

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer (list)

 Union dues _____
 Tax preparation fees _____
 Other nonpersonal expenses related to taxable income (list)

 Investment expenses not
 entered elsewhere _____
 Home equity interest _____

Interest Paid

Home mortgage interest paid
 (attach Form 1098) _____
 Some of your home mortgage loan was not
 used to buy, build, or improve your home.
 Home mortgage interest
 paid to an individual _____
 Paid to:
 Name _____
 Address _____
 City, State, ZIP _____
 SSN or EIN _____
 Points not reported on Form 1098 _____
 Investment interest _____