

**Schedule A - Itemized Deductions**

Name:

SSN:

**Medical and Dental Expenses**

Health insurance premiums (paid by you) . . . . .  
 Long-term care premiums (you) . . . . .  
 Long-term care premiums (your spouse) . . . . .  
 Long-term care premiums (dependents) . . . . .  
 Mileage driven for medical purposes . . . . .  
 Medical & dental expenses  
     Doctor, dental, etc. . . . . .  
     Prescription medicines . . . . .  
     Insulin . . . . .  
     Glasses & contacts . . . . .  
     Hearing aids . . . . .  
     Braces . . . . .  
     Medical equipment & supplies . . . . .  
     Hospital services . . . . .  
     Laboratory services . . . . .  
     Nursing services . . . . .  
     Other \_\_\_\_\_

**Taxes Paid**

State and local income taxes . . . . .  
 General sales tax (vehicle, boat, home, etc.) . . . . .  
 Real estate taxes . . . . .  
 Personal property taxes . . . . .  
 Other taxes (list) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 \_\_\_\_\_  
 Home mortgage insurance premiums . . . . .  
 Investment interest . . . . .

**Charitable Contributions**

Donations to charity	Cash	Noncash	Amount
Church . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
University . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes . . . . .

**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 . . . . .

**Job Expenses & Certain Miscellaneous Deductions**

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

Safety equipment, tools, & supplies . . . . .  
 Uniforms . . . . .  
 Protective clothing (shoes, hardhats, glasses, etc.) . . . . .  
 Dues to professional organizations . . . . .  
 Books & subscriptions . . . . .  
 Other \_\_\_\_\_  
 Union dues . . . . .  
 Tax preparation fees . . . . .  
 Other nonpersonal expenses related to taxable income  
     Safe deposit box fees . . . . .  
     Investment expenses not entered elsewhere . . . . .  
     Other \_\_\_\_\_  
 Home equity interest . . . . .