

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

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 & dental expenses
 Doctor, dental, etc
 Prescription medicines
 Glasses & contacts
 Hearing aids
 Medical equipment & supplies
 Hospital services
 Laboratory services
 Nursing services
 Other _____
 Other _____

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

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) _____

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 _____

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

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