

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	☐	☐	_____
Boy or Girl Scouts	☐	☐	_____
Goodwill	☐	☐	_____
Red Cross	☐	☐	_____
Salvation Army	☐	☐	_____
United Way	☐	☐	_____
Veterans	☐	☐	_____
Hospital	☐	☐	_____
University	☐	☐	_____
Other _____	☐	☐	_____

Miles driven for charitable purposes _____

Other Miscellaneous Deductions

Gambling losses _____

Questions and Notes