

Name _____

ITEMIZED DEDUCTIONS (SCHEDULE A) TAX YEAR

Medical Expenses	Total	
Medical and Dental Expenses Paid	\$	
Lab Fees		
Eyeglasses and Contacts		
Health Insurance Premiums Paid		
Long-Term Care Insurance Premiums Paid		
Prescription Drugs		
Medical Miles Driven		
Lodging		
Hospitals		
Other (<i>Describe</i>):		
Taxes Paid	Taxpayer/Joint	
Real Estate Taxes	\$	
Personal Property Taxes (deductible portion Car Tags)		
General Sales Tax Paid on Specified Items		
Other (<i>Describe</i>):		
Mortgage & Investment Interest Paid (<i>List Institution Paid</i>)	Taxpayer/Joint	
Mortgage Interest Paid	\$	
Points Paid		
Mortgage Insurance Premiums		
Cash Contributions (<i>List Organization Paid</i>)	Taxpayer/Joint	
	\$	
Charitable Miles (_____ x \$0.14)		
Noncash Contributions (<i>List Organization & Description</i>)	Taxpayer/Joint	
	\$	