



Name:  
Tax Year:

### Schedule A - Itemized Deductions

<b>Taxes Paid</b>	Real Estate Taxes (Primary Residence):	\$
	Real Estate Taxes (Secondary Residence):	\$
	Motor Vehicle Tax:	\$
	Sales Tax on Motor Vehicle Purchase:	\$
	Other Taxes (please describe):	\$
<b>Interest You Paid</b>	Home mortgage interest & point reported on Form 1098	\$
	Home mortgage interest <i>not</i> reported on Form 1098	\$
	Points <i>not</i> reported on Form 1098	\$
	Qualified mortgage insurance premiums	\$
	Were all of your mortgage loans used to buy, build or improve your home?	
	If no, provide details:	
	Investment interest	\$

<b>Medical and Dental Expenses</b>	Prescription Medication	\$
	Health Insurance Premiums	
	a. For Medical/Dental/Vision Care	\$
	b. Medicare Premiums	\$
	c. Taxpayer's gross long-term care premiums	\$
	d. Spouse's gross long-term care premiums	\$
	Fees for doctors, dentist, etc.	\$
	Fees for hospitals, clinics, etc.	\$
	Lab and x-ray fees	\$
	Expenses for qualified long-term care – attach detail	\$
	Eyeglasses and contact lenses	\$
	Medical Equipment & Supplies	\$
	Medical Transportation expense:	
	Medical Miles Driven:	
	Other medical transportation (i.e. ambulance fees)	\$
Lodging for Medical purposes:	\$	
Other Medical and Dental Expenses:	\$	

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<b>Charitable Donations (Cash)</b> *If any one donation is greater than \$250, provide receipt	<b>Name:</b>	\$
		\$
		\$
		\$
		\$

<b>Were charitable donations paid through IRA? If so, attach details</b>	<b>Name:</b>	\$
		\$
		\$
		\$
		\$

<b>Charitable Donations (Non-Cash)</b> Provide receipts with thrift store values attached	<b>Name/Description/Date of donation</b>	<b>Value</b>
		\$
		\$
		\$
		\$