

Itemized Deductions (SCH A)

Name:		SSN:	
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MEDICAL AND DENTAL	Amount	GIFTS TO CHARITY (list)	Amount
Health Insurance Premiums			
Long Term Care Premiums: Age			
Long Term Care Premiums: Age			
Number of Medical Miles			
Other Medical /Dental Expenses (list)			
TAXES YOU PAID:	Amount	Other than by check or cash	
State and Local Income Taxes			
Sales Tax			
Real Estate Taxes			
Personal Property Tax			
Other Taxes: (list)			
		Charitable Miles	
INTEREST YOU PAID	Amount	JOB EXPENSES (list)	Amount
Home Mortgage Interest Form 1098		(Unreimbursed employee expenses)	
Home Mortgage Interest Form 1098			
Home Mortgage Interest No Form			
SSN/EIN:			
Name:			
Street:			
City:			
State:	Zip:		
		TAX PREPARATION FEES	