

Schedule A - Itemized Deductions

Name: _____

SSN: _____

Medical and Dental Expenses

2017 2016

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 and dental expenses (list) _____

Charitable Contributions

2017 2016

Donations to charity (cash) _____
 Miles driven for charitable purposes _____
 Donations to charity (noncash) . . _____
 If noncash donations are greater than \$500, list below.

Taxes Paid

State and local income taxes _____
 Sales tax _____
 Real estate taxes _____
 Personal property taxes _____
 Other taxes (list) _____

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer (list)

Tax preparation fees _____

Other nonpersonal expenses related to taxable income (list)

Investment expenses not entered elsewhere _____

Interest Paid

Mortgage interest paid (attach Form 1098) _____
 Mortgage interest paid to an individual _____
 Paid to:
 Name _____
 Address _____
 City, State, ZIP _____
 SSN or EIN _____

Qualified mortgage insurance premiums _____
 Investment interest _____

Other Miscellaneous Deductions

Amortizable bond premiums . . . _____
 Federal estate tax _____
 Gambling losses _____
 Impairment-related work expenses _____
 Claim repayments _____
 Unrecovered pension investments _____
 Schedule K-1 _____
 Ordinary loss debt instrument . . _____