

**Schedule A - Itemized Deductions**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Medical and Dental Expenses**

	2018	2017
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**

	2018	2017
Donations to charity (cash) . . . . _____		
Hurricane relief contributions . . . _____		
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) _____		
_____		
_____		

**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 . _____		

**Interest Paid**

Mortgage interest paid (attach Form 1098) _____		
<input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home		
Mortgage interest paid to an individual _____		
Paid to:		
Name _____		
Address _____		
City, State, ZIP _____		
SSN or EIN _____		
Qualified mortgage insurance premiums _____		
Investment interest . . . . . _____		

**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 . . . . . _____		