2018

Schedule .	A - Itemize	d Deductions
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Name:	SSN:
Medical and Dental Expenses	Charitable Contributions
Health insurance premiums (paid by you)	Donations to charity Cash Noncash Amount
Long-term care premiums (you)	Church
Long-term care premiums (your spouse) · · · · · · · · · ·	Boy or Girl Scouts
Long-term care premiums (dependents)	Goodwill
Mileage driven for medical purposes	Red Cross
Medical and dental expenses	Salvation Army
Doctor, dental, etc	United Way
Prescription medicines	Veterans
Insulin	Hospital
Glasses and contacts	University
Hearing aids	Other
Braces	Miles driven for charitable purposes
Medical equipment & supplies	Other Miscellaneous Deductions
Hospital services	Amortizable bond premiums
Laboratory services	Federal estate tax
Nursing services	Gambling losses
Other	Impairment-related work expenses
Taxes Paid	Claim repayments
State and local income taxes	Unrecovered pension investments
Sales tax	Loss from other activities from Schedule K-1
Real estate taxes	Ordinary loss debt instrument
Personal property taxes	Job Expenses & Certain Miscellaneous Deductions
Other taxes (list)	Necessary job expenses you paid that were not reimbursed by your employer
	Safety equipment, tools, & supplies
	Uniforms
Interest Paid	Protective clothing (shoes, hardhats, glasses, etc.)
Mortgage interest paid (attach Form 1098)	Dues to professional organizations
Some of your home mortgage loan was not used to buy, build, or improve your home	Books & subscriptions
Mortgage interest paid to an individual	Other
Paid to:	Tax preparation fees
Name	Other nonpersonal expenses related to taxable income
Address	Safe deposit box fees
City, State, ZIP	Investment expenses not entered elsewhere
SSN or EIN	Other
Qualified mortgage insurance premiums	
Investment interest	