## **Schedule A - Itemized Deductions**

Name:	SSN:
Medical and Dental Expenses	Charitable Contributions
Health insurance premiums (paid by you)	
Long-term care premiums (you)	
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	Job Expenses & Certain Miscellaneous Deductions
Hospital services	Necessary job expenses you paid that were not reimbursed by your
	Safety equipment tools & supplies
Laboratory services	Uniforms
Nursing services	Protective clothing (shoes, hardhats, glasses, etc.)
Other	Dues to professional organizations
	Books & subscriptions
State and local income taxes	 Other
Sales tax	Tax preparation fees
Real estate taxes	Other nonpersonal expenses related to taxable income
Personal property taxes	Safe deposit box fees
Other taxes (list)	Investment expenses not entered elsewhere
	Other
Interest Paid	Other Miscellaneous Deductions
Mortgage interest paid (attach Form 1098)	
Mortgage interest paid to an individual Paid to:	
Name	Gambling losses
Address	Impairment-related work expenses
City, State, ZIP	Claim repayments
SSN or EIN	Unrecovered pension investments
Qualified mortgage incurance promiums	Loss from other activities from Schedule K-1
Qualified mortgage insurance premiums	Ordinary loss dept instrument
Investment interest	<del></del>