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