

**SCHEDULES A&B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

1983
07

Name(s) as shown on Form 1040

Your social security number

Medical and Dental Expenses (Do not include expenses reimbursed or paid by others.) <i>(See page 18 of Instructions.)</i>	1 Medicines and drugs	1						
	2 Write 1% of Form 1040, line 33.	2						
	3 Subtract line 2 from line 1. If line 2 is more than line 1, write zero				3			
	4 Other medical and dental expenses:							
	a Doctors, dentists, nurses, hospitals, insurance premiums you paid for medical and dental care, etc.				4a			
	b Transportation				4b			
	c Other (list—include hearing aids, dentures, eyeglasses, etc.) ▶					4c		
5 Add lines 3 through 4c				5				
6 Multiply amount on Form 1040, line 33, by 5% (.05)				6				
7 Subtract line 6 from line 5. If line 6 is more than line 5, write zero ▶						7		
Taxes	8 State and local income			8				
	9 Real estate			9				

Name(s) as shown on Form 1040 (Do not enter name and social security number if shown on other side)

Your social security number

Part I Interest Income

(See pages 9 and 21 of Instructions.) Also complete Part III.

If you received more than \$400 in interest or you received any interest from an All-Savers Certificate, you must complete Part I and list ALL interest received. If you received interest as a nominee for another, or you received or paid accrued interest on securities transferred between interest payment dates, see page 22.

Table with columns for Interest income other than interest from All-Savers Certificates and Interest from All-Savers Certificates (ASCs). Rows include interest from seller-financed mortgages, other interest income, and summary rows for ASCs.

Part II Dividend Income

(See pages 9 and 22 of Instructions.) Also complete Part III.

If you received more than \$400 in gross dividends (including capital gain distributions) and other distributions on stock, or you are electing to exclude qualified reinvested dividends from a public utility, complete Part II. If you received dividends as a nominee for another, see page 22.

Table with columns for Name of payer and Amount. Rows include dividend distributions from various sources, capital gain distributions, nontaxable distributions, and exclusions.

Part III Foreign Accounts and Foreign Trusts

(See page 22 of Instructions.)

If you received more than \$400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

Table with columns for Yes and No. Rows include questions about foreign accounts and foreign trusts.