

Schedules A&B—Itemized Deductions AND Interest and Dividend Income

1977

Department of the Treasury
Internal Revenue Service

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

Name(s) as shown on Form 1040

Your social security number

Schedule A Itemized Deductions (Schedule B is on back)

Medical and Dental Expenses (not compensated by insurance or otherwise) (See page 14 of Instructions.)

- 1 One-half (but not more than \$150) of insurance premiums for medical care. (Be sure to include in line 10 below)
- 2 Medicine and drugs
- 3 Enter 1% of line 31, Form 1040
- 4 Subtract line 3 from line 2. Enter difference (if less than zero, enter zero)
- 5 Enter balance of insurance premiums for medical care not entered on line 1
- 6 Enter other medical and dental expenses:
 - a Doctors, dentists, nurses, etc.
 - b Hospitals
 - c Other (itemize—include hearing aids, dentures, eyeglasses, transportation, etc.) ▶

- 7 Total (add lines 4 through 6c)
- 8 Enter 3% of line 31, Form 1040
- 9 Subtract line 8 from line 7 (if less than zero, enter zero)
- 10 Total (add lines 1 and 9). Enter here and on line 33 ▶

Taxes (See page 14 of Instructions.)

- 11 State and local income
- 12 Real estate
- 13 State and local gasoline (see gas tax tables)
- 14 General sales (see sales tax tables)
- 15 Personal property
- 16 Other (itemize) ▶

- 17 Total (add lines 11 through 16). Enter here and on line 34 ▶

Interest Expense (See page 16 of Instructions.)

- 18 Home mortgage
- 19 Other (itemize) ▶

- 20 Total (add lines 18 and 19). Enter here and on line 35 ▶

Contributions (See page 16 of Instructions for examples.)

- 21 a Cash contributions for which you have receipts, cancelled checks or other written evidence
- b Other cash contributions. List donees and amounts. ▶

- 22 Other than cash (see page 16 of instructions for required statement)
- 23 Carryover from prior years
- 24 Total contributions (add lines 21a through 23). Enter here and on line 36 ▶

Casualty or Theft Loss(es) (See page 16 of Instructions.)

- 25 Loss before insurance reimbursement
- 26 Insurance reimbursement
- 27 Subtract line 26 from line 25. Enter difference (if less than zero, enter zero)
- 28 Enter \$100 or amount on line 27, whichever is smaller
- 29 Casualty or theft loss (subtract line 28 from line 27). Enter here and on line 37 ▶

Miscellaneous Deductions (See page 16 of Instructions.)

- 30 Union dues
- 31 Other (itemize) ▶

- 32 Total (add lines 30 and 31). Enter here and on line 38 ▶

Summary of Itemized Deductions (See page 17 of Instructions.)

A

- 33 Total medical and dental—line 10
- 34 Total taxes—line 17
- 35 Total interest—line 20
- 36 Total contributions—line 24
- 37 Casualty or theft loss(es)—line 29
- 38 Total miscellaneous—line 32
- 39 Total deductions (add lines 33 through 38). ▶
- 40 If you checked Form 1040, box:
 - 2 or 5, enter \$3,200
 - 1 or 4, enter \$2,200
 - 3, enter \$1,600

- 41 Excess itemized deductions (subtract line 40 from line 39). Enter here and on Form 1040, line 33. (If line 40 is more than line 39 see "Who MUST Itemize Deductions" on page 11 of the Instructions.) ▶

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

1 If you received more than \$400 in interest, complete Part I. Interest includes earnings from savings and loan associations, mutual savings banks, cooperative banks, and credit unions as well as interest on bank deposits, bonds, tax refunds, etc. Interest also includes original issue discount on bonds and other evidences of indebtedness (see page 17 of Instructions). (List payers and amounts.)

Table with 3 columns for listing interest income payers and amounts.

2 Total interest income. Enter here and on Form 1040, line 9

Part II Dividend Income

3 If you received more than \$400 in gross dividends (including capital gain distributions) and other distributions on stock, complete Part II (see Note below and page 17 of instructions). (List payers and amounts—write (H), (W), (J), for stock held by husband, wife, or jointly.)

Table with 3 columns for listing dividend income payers and amounts.

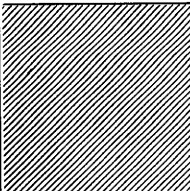
4 Total of line 3

5 Capital gain distributions (see page 18 of Instructions. Enter here and on Schedule D, line 7). See Note below

6 Nontaxable distributions (see page 18 of instructions)

7 Total (add lines 5 and 6)

8 Dividends before exclusion (subtract line 7 from line 4). Enter here and on Form 1040, line 10a



Note: If you received capital gain distributions and do not need Schedule D to report any other gains or losses or to compute the alternative tax, do not file that schedule. Instead, enter 50 percent of capital gain distributions on Form 1040, line 15.

B

Part III Foreign Accounts and Foreign Trusts

If you are required to list interest in Part I or dividends in Part II, 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. (See page 18 of Instructions.)

1 Did you, at any time during the taxable year, have any interest in or signature or other authority over a bank, securities, or other financial account in a foreign country (except in a U.S. military banking facility operated by a U.S. financial institution)?

2 Were you the grantor of, or transferor to, a foreign trust during any taxable year, which foreign trust was in being during the current taxable year, whether or not you have any beneficial interest in such trust?