

Department of the Treasury  
Internal Revenue Service

(Schedule B is on back)

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

Name(s) as shown on Form 1040

Your social security number

**Medical and Dental Expenses** (Do not include expenses reimbursed or paid by others.) (See page 17 of Instructions.)

<b>1</b> One-half (but not more than \$150) of insurance premiums you paid for medical care. (Be sure to include in line 10 below.) ▶		
<b>2</b> Medicine and drugs . . . . .		
<b>3</b> Enter 1% of Form 1040, line 31 . . . . .		
<b>4</b> Subtract line 3 from line 2. If line 3 is more than line 2, enter zero . . . . .		
<b>5</b> Balance of insurance premiums for medical care not entered on line 1 . . . . .		
<b>6</b> Other medical and dental expenses:		
<b>a</b> Doctors, dentists, nurses, etc. . . . .		
<b>b</b> Hospitals . . . . .		
<b>c</b> Transportation . . . . .		
<b>d</b> Other (itemize—include hearing aids, dentures, eyeglasses, etc.) ▶		
. . . . .		
. . . . .		
. . . . .		
<b>7</b> Total (add lines 4 through 6d) . . . . .		
<b>8</b> Enter 3% of Form 1040, line 31 . . . . .		
<b>9</b> Subtract line 8 from line 7. If line 8 is more than line 7, enter zero . . . . .		
<b>10</b> Total medical and dental expenses (add lines 1 and 9). Enter here and on line 33 . ▶		

**Contributions** (See page 19 of Instructions.)

<b>21 a</b> Cash contributions (If you gave \$3,000 or more to any one organization, report those contributions on line 21b) . . . . .		
<b>b</b> Cash contributions totaling \$3,000 or more to any one organization (show to whom you gave and how much you gave) ▶		
. . . . .		
. . . . .		
<b>22</b> Other than cash (see page 19 of Instructions for required statement) . . . . .		
<b>23</b> Carryover from prior years . . . . .		
<b>24</b> Total contributions (add lines 21a through 23). Enter here and on line 36 ▶		

**Casualty or Theft Loss(es)** (You must attach Form 4684 if line 29 is \$1,000 or more, OR if certain other situations apply.) (See page 19 of Instructions.)

<b>25</b> Loss before reimbursement . . . . .		
<b>26</b> Insurance or other reimbursement you received or expect to receive . . . . .		
<b>27</b> Subtract line 26 from line 25. If line 26 is more than line 25, enter zero . . . . .		
<b>28</b> Enter \$100 or amount from line 27, whichever is smaller . . . . .		
<b>29</b> Total casualty or theft loss(es) (subtract line 28 from line 27). Enter here and on line 37 ▶		

**Taxes** (See page 18 of Instructions.)

<b>11</b> State and local income . . . . .		
<b>12</b> Real estate . . . . .		
<b>13 a</b> General sales (see sales tax tables) . . . . .		
<b>b</b> General sales on motor vehicles . . . . .		
<b>14</b> Personal property . . . . .		
<b>15</b> Other (itemize) ▶		
. . . . .		
. . . . .		
<b>16</b> Total taxes (add lines 11 through 15). Enter here and on line 34 . . . . . ▶		

**Miscellaneous Deductions** (See page 19 of Instructions.)

<b>30 a</b> Union dues . . . . .		
<b>b</b> Tax return preparation fee . . . . .		
<b>31</b> Other (itemize) ▶		
. . . . .		
. . . . .		
<b>32</b> Total miscellaneous deductions (add lines 30a through 31). Enter here and on line 38 . . . . . ▶		

**Summary of Itemized Deductions** (See page 20 of Instructions.) **A**

**Interest Expense** (See page 18 of Instructions.)

<b>17</b> Home mortgage . . . . .		
<b>18</b> Credit and charge cards . . . . .		
<b>19</b> Other (itemize) ▶		
. . . . .		
. . . . .		
<b>20</b> Total interest expense (add lines 17 through 19). Enter here and on line 35 ▶		

<b>33</b> Total medical and dental—from line 10 . . . . .		
<b>34</b> Total taxes—from line 16 . . . . .		
<b>35</b> Total interest—from line 20 . . . . .		
<b>36</b> Total contributions—from line 24 . . . . .		
<b>37</b> Total casualty or theft loss(es)—from line 29 . . . . .		
<b>38</b> Total miscellaneous—from line 32 . . . . .		
<b>39</b> Add lines 33 through 38 . . . . .		
<b>40</b> If you checked Form 1040, Filing Status box: 2 or 5, enter \$3,400 . . . . . 1 or 4, enter \$2,300 . . . . . 3, enter \$1,700 . . . . .		
<b>41</b> Subtract line 40 from line 39. Enter here and on Form 1040, line 32b. (If line 40 is more than line 39, see the Instructions for line 41 on page 20.) . . . . . ▶		

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

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. Also complete Part III if you received more than \$400 in interest. See page 8 of the Instructions to find out what interest to report. Then answer the questions in Part III, below. If you received interest as a nominee for another, or you received or paid accrued interest on securities transferred between interest payment dates, please see page 20 of the Instructions.

Name of payer

Amount

1a Interest income (other than qualifying interest from All-Savers Certificates).

1b Total. Add above amounts . . . . .

1c Qualifying interest from All-Savers Certificates. (List payers and amounts even if \$400 or less.) See page 20 of Instructions.

1d Total . . . . .

1e Exclusion (See page 20 of Instructions) . . . . .

1f Subtract line 1e from line 1d.

Caution: No part of the amount on line 1f may be excluded on Form 1040, line 8d . . . . .

2 Total interest income (add lines 1b and 1f). Enter here and on Form 1040, line 8a . . . . .

Part II Dividend Income

If you received more than \$400 in gross dividends (including capital gain distributions) and other distributions on stock, complete Part II and Part III. Please see page 9 of the Instructions. Then answer the questions in Part III, below. If you received dividends as a nominee for another, please see page 21 of the Instructions.

Name of payer

Amount

3

4 Total. Add above amounts . . . . .

5 Capital gain distributions. Enter here and on line 13, Schedule D. See Note below . . . . .

6 Nontaxable distributions (See Instructions for adjustment to basis) . . . . .

7 Total (add lines 5 and 6) . . . . .

8 Total dividend income (subtract line 7 from line 4). Enter here and on Form 1040, line 8b . . . . .

Note: If you received capital gain distributions for the year and you 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 40% of your capital gain distributions on Form 1040, line 13.

Part III Foreign Accounts and Foreign Trusts

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. Please see page 21 of the Instructions.

9 At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country? . . . . .

Yes No

10 Were you the grantor of, or transferor to, a foreign trust which existed during the current tax year, whether or not you have any beneficial interest in it? . . . . .

Yes No

If "Yes," you may have to file Forms 3520, 3520-A, or 926.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.