

Name(s) as shown on Form 1040

Schedule A—Itemized Deductions

(Schedule B is on back)

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

Your social security number

Medical and Dental Expenses (Do not include expenses reimbursed or paid by others.) (See Instructions on page 19)	1 Prescription medicines and drugs; and insulin	1			
	2 a Doctors, dentists, nurses, hospitals, insurance premiums you paid for medical and dental care, etc.	2a			
	b Transportation and lodging	2b			
	c Other (list—include hearing aids, dentures, eyeglasses, etc.) ▶	2c			
	3 Add lines 1 through 2c, and write the total here	3			
4 Multiply the amount on Form 1040, line 33, by 5% (.05)	4				
5 Subtract line 4 from line 3. If zero or less, write -0-. Total medical and dental . ▶	5				
Taxes You Paid (See Instructions on page 20)	6 State and local income taxes	6			
	7 Real estate taxes	7			
	8 a General sales tax (see sales tax tables in instruction booklet)	8a			
	b General sales tax on motor vehicles	8b			
	9 Other taxes (list—include personal property taxes) ▶	9			
10 Add the amounts on lines 6 through 9. Write the total here. Total taxes . ▶	10				
Interest You Paid (See Instructions on page 20)	11 a Home mortgage interest you paid to financial institutions	11a			
	b Home mortgage interest you paid to individuals (show that person's name and address) ▶	11b			
	12 Total credit card and charge account interest you paid	12			
	13 Other interest you paid (list) ▶	13			
	14 Add the amounts on lines 11a through 13. Write the total here. Total interest . ▶	14			
Contributions You Made (See Instructions on page 20)	15 a Cash contributions. (If you gave \$3,000 or more to any one organization, report those contributions on line 15b.)	15a			
	b Cash contributions totaling \$3,000 or more to any one organization. (Show to whom you gave and how much you gave.) ▶	15b			
	16 Other than cash (attach required statement)	16			
	17 Carryover from prior year	17			
	18 Add the amounts on lines 15a through 17. Write the total here. Total contributions . ▶	18			
Casualty and Theft Losses	19 Total casualty or theft loss(es). (You must attach Form 4684 or similar statement.) (see page 21 of Instructions) ▶	19			
Miscellaneous Deductions (See Instructions on page 21)	20 Union and professional dues	20			
	21 Tax return preparation fee	21			
	22 Other (list type and amount) ▶	22			
	23 Add the amounts on lines 20 through 22. Write the total here. Total miscellaneous . ▶	23			
Summary of Itemized Deductions (See Instructions on page 22)	24 Add the amounts on lines 5, 10, 14, 18, 19, and 23. Write your answer here.	24			
	25 If you checked Form 1040 { Filing Status box 2 or 5, write \$3,400 } { Filing Status box 1 or 4, write \$2,300 } { Filing Status box 3, write \$1,700 }	25			
	26 Subtract line 25 from line 24. Write your answer here and on Form 1040, line 34a. (If line 25 is more than line 24, see the Instructions for line 26 on page 22.) ▶	26			

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 income, 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, or you received any interest from an All-Savers Certificate, see page 22.

(See Instructions on pages 8 and 22)

Also complete Part III.

Table with 3 columns: Interest income, Amount, and sub-headers 1, 2, 3. Rows include interest from seller-financed mortgages and other interest income.

Part II Dividend Income

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.

(See Instructions on pages 8 and 22)

Also complete Part III.

Table with 3 columns: Name of payer, Amount, and sub-headers 4, 5, 6, 7, 8, 9, 10. Rows include dividend entries and summary rows.

*If you received capital gain distributions for the year and you do not need Schedule D to report any other gains or losses, do not file that schedule. Instead, enter 40% of your capital gain distributions on Form 1040, line 14.

Part III Foreign Accounts and Foreign Trusts

(See Instructions on page 23)

Table with 3 columns: Question, Yes, No. Rows include questions about foreign accounts and trusts.