

Schedule A (Form 1040)

Itemized Deductions - Sample

1. Medical and Dental Expenses

a. Medical and dental expenses	0.00
b. Enter your adjusted gross income	0.00
c. 7.5% of adjusted gross income	0.00
d. Subtract line c from a	0.00

2. Taxes You Paid

a. State and local income taxes or sales taxes	0.00
b. Real estate taxes	0.00
c. Personal property taxes	0.00
d. Other taxes	0.00
Total taxes (add lines a through d)	0.00

3. Interest You Paid

a. Home mortgage interest and points	0.00
b. Investment interest	0.00
Total interest deduction	0.00

4. Gifts to Charity

a. Gifts by cash or check	0.00
b. Other than by cash or check	0.00
c. Carryover from prior year	0.00
Total gifts to charity	0.00

5. Casualty and Theft Losses

a. Casualty or theft loss(es)	0.00
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6. Other Itemized Deductions

a. Other deductions (list type and amount)	0.00
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7. Total Itemized Deductions

Add lines from above for total itemized deductions	0.00
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