

# 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
<b>Total taxes (add lines a through d)</b>	<b>0.00</b>

### 3. Interest You Paid

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

### 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
<b>Total gifts to charity</b>	<b>0.00</b>

### 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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