SCHE	DULE	Α
(Form	1040)	

## **Itemized Deductions**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on Form 1040

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

Attach to Form 1040.

Attachment Sequence No. 07 Your social security number

		Caution: Do not include expenses reimbursed or paid by others.					
Medical	1	Medical and dental expenses (see instructions)	1		_		
and	2	Enter amount from Form 1040, line 38 2					
Dental	3	Multiply line 2 by 10% (0.10). But if either you or your spouse was					
Expenses		born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3				
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	<u></u>		4		
Taxes You	5	State and local (check only one box):					
Paid		<b>a</b> Income taxes, <b>or</b>	5		_		
	_	<b>b</b> General sales taxes					
	_	Real estate taxes (see instructions)	6		_		
	7	Personal property taxes	7		_		
	8	Other taxes. List type and amount					
			8				
<del></del>		Add lines 5 through 8		<u> </u>	9		
Interest	10 11	Home mortgage interest and points reported to you on Form 1098 Home mortgage interest not reported to you on Form 1098. If paid	10		_		
You Paid		to the person from whom you bought the home, see instructions					
Note:		and show that person's name, identifying no., and address					
Your mortgage							
interest			11				
deduction may be limited (see	40	Deinte net reported to you on Form 1000. See instructions for			-		
instructions).	12	Points not reported to you on Form 1098. See instructions for special rules	12				
	13	Mortgage insurance premiums (see instructions)	13				
		Investment interest. Attach Form 4952 if required. (See instructions.)	14		-		
		Add lines 10 through 14			15		
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more,					
Charity	10	see instructions.	16				
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see					
gift and got a	••	instructions. You <b>must</b> attach Form 8283 if over \$500	17				
benefit for it,	18	Carryover from prior year	18				
see instructions.		Add lines 16 through 18			19		
Casualty and							
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20		
Job Expenses	21	Unreimbursed employee expenses-job travel, union dues,					
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.					
Miscellaneous		(See instructions.) ►	21		_		
Deductions	22	Tax preparation fees	22				
	23	Other expenses-investment, safe deposit box, etc. List type					
		and amount					
			23		_		
		Add lines 21 through 23	24		_		
		Enter amount from Form 1040, line 38 25					
	26	Multiply line 25 by 2% (0.02)	26				
Other	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter	r -0-		27		
Miscellaneous	28	Other—from list in instructions. List type and amount ►			-		
Deductions					- 00		
	20	le Form 1040 line 28 over \$155 6502			28		
Total	29	9 Is Form 1040, line 38, over \$155,650?					
Itemized Deductions		□ No. Your deduction is not limited. Add the amounts in the far right column			200		
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.					
		└ <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions					
	20	Worksheet in the instructions to figure the amount to enter.					
	30	If you elect to itemize deductions even though they are less the		· _	ר		
		deduction, check here	• •	🚩 🗋			