

SCHEDULE A TAX DEDUCTION WORKSHEET

NAME: _____

MEDICAL

HEALTH INSURANCE PREMIUMS	\$ _____
MEDICARE SUPPLEMENT PREMIUMS	\$ _____
PART D DRUG CARD PREMIUMS	\$ _____
LONG TERM CARE INSURANCE PREMIUMS	\$ _____
PRESCRIPTION DRUG EXPENSES	\$ _____
DOCTOR EXPENSES	\$ _____
LAB, TESTING, XRAY EXPENSES	\$ _____
HOSPITAL EXPENSES	\$ _____
AMBULANCE EXPENSES	\$ _____
GLASSES, CONTACT LENSES, EYE EXAMS	\$ _____
HEARING AIDS & BATTERIES	\$ _____
IN HOME CARE SERVICES	\$ _____
NURSING HOME EXPENSES	\$ _____
MEDICAL TRAVEL & PARKING	\$ _____
MILES DRIVEN FOR MEDICAL CARE	_____

TAXES PAID

STATE TAX PAID ON PRIOR RETURN	\$ _____
STATE ESTIMATED TAX PAYMENTS	\$ _____
STATE TAX WITHHELD ON W-2	\$ _____
LOCAL TAX WITHHELD ON W-2	\$ _____
PROPERTY TAXES PAID	\$ _____
AUTO & OTHER EXCISE TAXES	\$ _____
OTHER: _____	\$ _____
OTHER: _____	\$ _____

INTEREST PAID

HOME MORTGAGE INTEREST	\$ _____
HOME MORTGAGE INEREST	\$ _____
HOME EQUITY INTEREST (FOR IMPROVEMENTS)	\$ _____
HOME EQUITY INTEREST (FOR IMPROVEMENTS)	\$ _____
MORTGAGE INEREST PAID TO INDIVIDUAL (NAME, ADDRESS, SSN NEEDED)	\$ _____
INVESTMENT ACCOUNT MARGIN INTEREST	\$ _____

CHARITABLE DONATIONS

CHURCH CONTRIBUTIONS	\$ _____
OTHER CONTRIBUTIONS BY CHECK	\$ _____
OTHER CONTRIBUTIONS BY CHECK	\$ _____
OTHER CONTRIBUTIONS BY CHECK	\$ _____
OTHER CONTRIBUTIONS BY CHECK	\$ _____
NONCASH DONATIONS (ORGANIZATION AND DESCRIPTIONS NEEDED)	\$ _____

ADJUSTMENTS/OTHER

IRA CONTRIBUTIONS	\$ _____
ROTH IRA CONTRIBUTIONS	\$ _____
HEALTH SAVINGS ACCOUNT DEPOSITS	\$ _____
STUDENT LOAN INTEREST PAID	\$ _____
ALIMONY PAID (NEED PAYEE & SSN)	\$ _____