

## Itemized Deductions

Name:

SSN:

MEDICAL and DENTAL	2009	2008	GIFTS TO CHARITY (attach receipts)	2009	2008
Health insurance premiums			Total gifts by cash or check		
Long term care premiums			Portion of amount above for disaster relief		
Medical miles			30% limitation		
Other medical and dental expenses (list):			Charitable miles		
			Other than by cash or check		
			Carryover from prior year subject to:		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
			<b>JOB EXPENSES (list):</b>		
<b>TAXES</b>					
State and local income taxes					
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Vehicle purchase price					
Total taxes paid					
Tax on first \$49,500 of purchase price			Tax preparation fees		
Personal property taxes			<b>OTHER EXPENSE (list):</b>		
Other taxes (list):					
<b>INTEREST</b>					
Home mort. int. & points on Form 1098					
Home mort. int. not on Form 1098			<b>MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO 2% LIMIT</b>		
Name:					
Address:					
SSN/EIN:					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					