

MEDICAL AND DENTAL EXPENSES

1. Doctor/dentist/Hospital/Drugs/Transportation/Lodging (.165 cents x mi.)
 (Must exceed 7 ½ % of AGI) Total Medical 1. _____
Total Mileage _____ X .165 1. _____

TAXES

6. Real Estate Taxes(Primary Res) _____ (- Less Rebate) _____ = 6. _____(1)
 (Secondary Residence) 6. _____(2)
6. _____(2)

8. Other Taxes(List) _____ 8. _____

SWT \$ _____ SUI/SDI \$ _____

INTEREST YOU PAID

10. Home Mortgage Interest/Points Paid to Bank on Form 1098 10. \$ _____ 10. _____

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11. Other Home Mortgage Interest not reported on Form 1098
 Name _____
 Address _____ SS# _____ - _____ - _____ 11. _____

12. Points Not Reported to you on Form 1098(Refinanced Points)
 _____ % _____ # of yrs 12. _____

13. Qualified Mortgage Insurance (PMI) 13. _____

14. Investment Interest 14. _____

GIFTS TO CHARITY *MUST HAVE PROOF*

16. Cash or Check contribution(if \$250 or more, list) 16. _____

17. Non-cash contribution(Over \$500 Attach Form 8283) 17. _____

MISCELLANEOUS DEDUCTIONS(NOTE MUST EXCEED 2% OF AGI)

21. Unreimbursed Employee Expense(Complete & Attach 2106 or 2106EZ)

22. Tax Preparation Fees 22. _____

22. Union Dues 22. _____

28. Gambling/Lottery losses(Not to exceed gambling winnings) 28. _____