

MEDICAL AND DENTAL EXPENSES

1. Doctor/dentist/Hospital/Drugs/Transportation/Lodging (.18 cents x mi.)
 (Must exceed 7.5% of AGI) Total Medical _____ 1. _____
Total Mileage _____ X .18 1. _____

TAXES

6. Real Estate Taxes(Primary Res) _____ (-property tax _____ = 6. _____(1
 (Secondary Residence) Freeze) 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. _____

21. Gambling/Lottery losses (Not to exceed gambling winnings) 21. _____

NO MISCELLANEOUS DEDUCTIONS ALLOWED