

## Itemized Deductions

Name:

SSN:

MEDICAL and DENTAL		2011	2010	GIFTS TO CHARITY (attach receipts)	2011	2010
Health insurance premiums				Total gifts by cash or check		
Long term care premiums				30% limitation		
Number of Medical miles before 7/1				Charitable miles		
Number of medical miles after 6/30				Other than by cash or check		
Other medical and dental expenses (list):				Carryover from prior year subject to:		
				50% limitation		
				30% limitation		
				30% limitation capital gain property		
				20% limitation		
				<b>JOB EXPENSES (list):</b>		
				Unreimbursed employee expenses		
<b>TAXES YOU PAID</b>						
State and local income taxes						
Sales tax						
Real estate taxes						
Taxes that qualify for State Property Tax Credit						
Personal property taxes						
Other taxes (list):						
				Tax preparation fees		
				<b>OTHER EXPENSE (list):</b>		
<b>INTEREST YOU PAID</b>						
Home mortgage interest & points on Form 1098						
Home mortgage interest not on Form 1098						
Name:						
Address:				<b>MISCELLANEOUS DEDUCTIONS</b>		
SSN/EIN:				Other deductions not subject to 2% limit		
Points not reported on Form 1098						
Qualified mortgage insurance premiums						
Investment interest						