

**SCHEDULE A**  
**ITEMIZED DEDUCTIONS CHECKLIST**

NAME: \_\_\_\_\_

TAX YEAR: \_\_\_\_\_

**MEDICAL EXPENSES**

DOCTOR AND HOSPITAL COPAYS \_\_\_\_\_

DENTIST FEES \_\_\_\_\_

PRESCRIPTIONS \_\_\_\_\_

LONG TERM CARE INSURANCE PREMIUMS \_\_\_\_\_

MEDICAL INSURANCE PREMIUMS \_\_\_\_\_

**TAXES**

STATE TAX \_\_\_\_\_

REAL ESTATE TAX \_\_\_\_\_

PERSONAL PROPERTY TAX \_\_\_\_\_

FOREIGN TAX \_\_\_\_\_

**INTEREST**

MORTGAGE INTEREST \_\_\_\_\_

**DONATIONS**

CHURCH \_\_\_\_\_

NON-PROFITS \_\_\_\_\_

**MISCELLANEOUS DEDUCTIONS**

TAX PREPERATION \_\_\_\_\_

SAFETY DEPOSIT BOX \_\_\_\_\_

\_\_\_\_\_