

Please enter all pertinent amounts and attach all 1098 forms.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	Amount	TS	
Prescription medicines and drugs	4		
Doctors, dentists and nurses	5		
Hospitals and nursing homes	6		
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..	7		
Long-term care premiums - taxpayer	17		
Long-term care premiums - spouse	58		
Insurance reimbursement (enter as a positive number)	8		
Lodging and transportation:			
Out-of-pocket expenses	9		
Medical miles driven	52		
Other medical and dental expenses:			
_____	10		
_____	10		
_____	10		

TAXES PAID (State and local withholding and 2022 estimates are automatic.)

State income taxes - 1/20__ payment on 20__ state estimate	11		
State income taxes - paid with 20__ state return extension	12		
State income taxes - paid with 20__ state return	13		
State income taxes - paid for prior years and/or to other state	14		
City/local income taxes - 1/20__ payment on 20__ city/local estimate	211		
City/local income taxes - paid with 20__ city/local extension	212		
City/local income taxes - paid with 20__ city/local return	213		

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)	91		
Use taxes paid on purchases	92		
Use taxes paid with prior year state return	96		
Sales tax on autos not included above	349		
Sales tax on boats, aircraft, other special items	93		

OTHER TAXES PAID

Real estate taxes - principal residence:			
_____	15		
_____	15		
Real estate taxes - held for investment :			
_____	16		
_____	16		
_____	16		
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ...	18		
Foreign income taxes	19		
Other taxes:			
_____	20		

Please enter all pertinent amounts.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

Amount TS

_____	21			
_____	21			
_____	21			

Home mortgage interest not reported on Form 1098:

Payee's name.....	85.____			
Payee's SSN or FEIN....	86.____			
Payee's street address..	87.____			
Payee's city.....	88.____			
Payee's state.....	106.____			
Payee's ZIP code.....	108.____			
Payee's region.....	1350.____			
Payee's postal code.....	1351.____			
Payee's country.....	1352.____			

Amount paid.....	22.____			
------------------	---------	--	--	--

Points not reported on Form 1098:

_____	23			
_____	23			

Investment interest (interest on margin accounts):

_____	24			
_____	24			
Passive interest.....	27			

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

_____	32			
_____	32			
_____	32			
_____	32			
_____	32			
Volunteer expenses (out-of-pocket).....	31			
Number of charitable miles.....	53			

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

_____	41			
_____	41			
_____	41			
_____	41			
_____	41			
Volunteer expenses (out-of-pocket).....	40			
Number of charitable miles.....	54			

Please enter all pertinent amounts.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

Table with 4 columns: Description, Amount, TS, and a blank column. Rows 33-33.

30% limitation (see above):

Table with 4 columns: Description, Amount, TS, and a blank column. Rows 34-34.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Table with 4 columns: Description, Amount, TS, and a blank column. Rows 35-35.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Table with 4 columns: Description, Amount, TS, and a blank column. Rows 36-36.

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues 42

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Table with 4 columns: Description, Amount, TS, and a blank column. Rows 43-43.

Investment expense:

Table with 4 columns: Description, Amount, TS, and a blank column. Rows 44-44.

Tax return preparation fee 45

Safe deposit box rental 46

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Table with 4 columns: Description, Amount, TS, and a blank column. Rows 47-47.