

**Please enter all pertinent 2020 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

MEDICAL AND DENTAL EXPENSES

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

	2020 Amount	TS	2019 Amount
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 2020 estimates are automatic.)

State income taxes - 1/20 payment on 2019 state estimate	11		
State income taxes - paid with 2019 state return extension	12		
State income taxes - paid with 2019 state return	13		
State income taxes - paid for prior years and/or to other state	14		
City/local income taxes - 1/20 payment on 2019 city/local estimate	211		
City/local income taxes - paid with 2019 city/local extension	212		
City/local income taxes - paid with 2019 city/local return	213		

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)	91		
Use taxes paid on 2020 purchases	92		
Use taxes paid with 2019 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 2020 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

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

	2020 Amount	TS	2019 Amount
_____	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		

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

_____	39		
-------	----	--	--

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 2020 amounts. Last year's amounts are provided for your reference.

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):

2020 Amount TS 2019 Amount

_____	33		
_____	33		
_____	33		
_____	33		

30% limitation (see above):

_____	34		
_____	34		
_____	34		
_____	34		

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

_____	35		
_____	35		
_____	35		
_____	35		

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

_____	36		
_____	36		
_____	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):

_____	43		
_____	43		
_____	43		
_____	43		
_____	43		
_____	43		

Investment expense:

_____	44		
_____	44		
_____	44		
_____	44		
_____	44		
_____	44		

Tax return preparation fee 45

Safe deposit box rental 46

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

_____	47		
_____	47		
_____	47		
_____	47		
_____	47		
_____	47		