Schedule A - Itemized Deductions

Name: **SSN:**

	2006	2005		2006	2005
MEDICAL and DENTAL			**GIFTS TO CHARITY**	☐ Receipts available	
Health insurance premiums			Gifts by cash or check		
Long term care premiums			Qualified contributions included on 15a		
Medical miles:			Other than by cash or check		
OTHER MEDICAL & DENTAL EXPENSES			Charitable miles		
			Katrina miles		
			Carryover from prior year		
			50%		
			30%		
			20%		
			JOB EXPENSES		
TAXES					
State and local income taxes					
Real estate taxes					
Personal property taxes					
OTHER TAXES:					
INTEREST					
Home mort. int. & points on Form 1098					
Home mort. int. not on Form 1098					
Name:			Tax preparation fees		
Address:			**OTHER MISC. DEDUCTIONS**		
SSN/EIN:					
Points not reported on Form 1098					
Investment interest					
			2% MISCELLANEOUS DEDUCTIONS		

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