Itemized Deductions

Name: **SSN:**

MEDICAL and DENTAL	**2011**	**2010**
Health insurance premiums		
Long term care premiums		
Number of Medical miles before 7/1		
Number of medical miles after 6/30		
Other medical and dental expenses (list):		
TAXES YOU PAID		
State and local income taxes		
Sales tax		
Real estate taxes		
Taxes that qualify for State Property Tax Credit		
Personal property taxes		
Other taxes (list):		
INTEREST YOU PAID		
Home mortgage interest & points on Form 1098		
Home mortgage interest not on Form 1098		
Name:		
Address:		
SSN/EIN:		
Points not reported on Form 1098		
Qualified mortgage insurance premiums		
Investment interest		

GIFTS TO CHARITY (attach receipts)	**2011**	**2010**
Total gifts by cash or check		
30% limitation		
Charitable miles		
Other than by cash or check		
Carryover from prior year subject to:		
50% limitation		
30% limitation		
30% limitation capital gain property		
20% limitation		
JOB EXPENSES (list):		
Unreimbursed employee expenses		
Tax preparation fees		
OTHER EXPENSE (list):		
MISCELLANEOUS DEDUCTIONS		
Other deductions not subject to 2% limit		