2022

Schedule A - Itemized Deductions

Name: SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you, not through work) . . . . . _____

Amount that is for Medicare premiums . . . . . _____

Long-term care premiums (you) . . . . . _____

Long-term care premiums (your spouse) . . . . . _____

Long-term care premiums (dependents) . . . . . _____

Mileage driven for medical purposes

Before July 1, 2022 . . . . . _____

After June 30, 2022 . . . . . _____

Out of pocket medical & dental expenses

Doctor, dental, etc . . . . . _____

Prescription medicines . . . . . _____

Glasses & contacts . . . . . _____

Hearing aids . . . . . _____

Medical equipment & supplies . . . . . _____

Hospital services . . . . . _____

Laboratory services . . . . . _____

Nursing services . . . . . _____

Other _____ _____

Taxes Paid

State and local income taxes . . . . . _____

General sales tax (vehicle, boat, home, etc.) . . . . . _____

Real estate taxes . . . . . _____

Personal property taxes . . . . . _____

Auto registration taxes not deductible for state . . . . . _____

Other taxes (list) _____ _____

_____ _____

_____ _____

Interest Paid

Home mortgage interest paid (attach Form 1098) . . . . . _____

☐ Some of your home mortgage loan was not used to buy, build, or improve your home.

Home mortgage interest paid to an individual . . . . . _____

Paid to:

Name _____

Address _____

City, State, ZIP _____

SSN or EIN _____

Points not reported on Form 1098 . . . . . _____

Investment interest . . . . . _____

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	☐	☐	_____
Boy or Girl Scouts	☐	☐	_____
Goodwill	☐	☐	_____
Red Cross	☐	☐	_____
Salvation Army	☐	☐	_____
United Way	☐	☐	_____
Veterans	☐	☐	_____
Hospital	☐	☐	_____
University	☐	☐	_____
Other _____	☐	☐	_____

Miles driven for charitable purposes . . . . . _____

Other Miscellaneous Deductions

Amortizable bond premiums . . . . . _____

Federal estate tax . . . . . _____

Gambling losses . . . . . _____

Impairment-related work expenses . . . . . _____

Claim repayments . . . . . _____

Unrecovered pension investments . . . . . _____

Loss from other activities from Schedule K-1 . . . . _____

Ordinary loss debt instrument . . . . . _____

Excess deduction on termination . . . . . _____

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

Safety equipment, tools, & supplies . . . . . _____

Uniforms . . . . . _____

Protective clothing (shoes, hardhats, glasses, etc.) _____

Dues to professional organizations . . . . . _____

Books & subscriptions . . . . . _____

Other _____ _____

Union dues . . . . . _____

Tax preparation fees . . . . . _____

Other nonpersonal expenses related to taxable income

Safe deposit box fees . . . . . _____

Investment expenses not entered elsewhere . . _____

Other _____ _____

Home equity interest . . . . . _____