

## Schedule A: Itemized Deductions

I do not expect my itemized deductions to exceed \$24,000 (married) or \$12,000 (single). Completion of this section is not necessary for federal purposes. Please complete for state deductions even if below threshold.

### Medical and Dental Expenses

(e.g., Prescriptions, doctor fees, hospital fees, medical aids or equipment, travel, lodging, premiums, and long-term care premiums):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Miles driven for medical purposes: \_\_\_\_\_

### Real Estate Taxes and Property Taxes

(e.g., taxes on principal residence, other non-business property, vehicle taxes, other personal property taxes)

I provided a copy of my real estate tax bill receipt instead of listing here

_____	\$ _____
_____	\$ _____
_____	\$ _____

### Mortgage Interest and Points

I provided Form(s) 1098 instead of listing here

_____	\$ _____
_____	\$ _____

### Gifts to Charity

I provided all substantiation provided me instead of listing here

Cash Gifts

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Yes, I received a charitable contribution receipt from each charity that I gave \$250 or more during 2018.

Total Miles driven for charitable purposes: \_\_\_\_\_

Non-Cash Gifts

_____	\$ _____
_____	\$ _____

\*If donated non-cash gifts over \$500, please provide receipts or (1) Name, address, city, state, and ZIP code of the donee organization (2) description of donated property and (3) Fair Market Value of contribution (4) EIN of the donee organization.