

## 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.

### 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.