

**SCHEDULE A - ITEMIZED DEDUCTIONS**

| <b>MEDICAL EXPENSES</b>         | <b>2021</b> | <b>2022</b> | <b>GIFTS TO CHARITY</b>                      | <b>2021</b> | <b>2022</b> |
|---------------------------------|-------------|-------------|--|-------------|-------------|
| Medical Insurance               |             |             | Cash Contribution                            |             |             |
| Long Term Care Insurance        |             |             |  |             |             |
| MediCare Insurance Premiums     |             |             | Cash Contributions from K-1                  |             |             |
| Doctors/Dentist                 |             |             | List Noncash more than \$500                 |             |             |
| Prescriptions                   |             |             |  |             |             |
| X-rays, Lab Work, etc           |             |             |  |             |             |
| Nursing Help                    |             |             |  |             |             |
| Hospital Care                   |             |             | Noncash less than \$500                      |             |             |
| Alcohol/Drug Rehab              |             |             | Charitable Miles                             |             |             |
| Glasses, Hearing Aids, etc      |             |             | <b>CASUALTY &amp; THEFTS</b>                 |             |             |
| List other medical              |             |             | <b>MISCELLANEOUS</b>                         |             |             |
|                                 |             |             | Tax Prep                                     |             |             |
| Number of miles for medical     |             |             | Safe Deposit Box                             |             |             |
| <b>TAXES</b>                    |             |             | Investment Fees                              |             |             |
| State Tax Withheld              |             |             | List Other Miscellaneous                     |             |             |
| Sales Tax Paid                  |             |             |  |             |             |
| Prior Year State Taxes Paid     |             |             |  |             |             |
| State Estimates Paid            |             |             | <b>BUSINESS EXPENSES</b>                     |             |             |
| Real Estate Taxes               |             |             | Union Dues                                   |             |             |
| Personal Property Taxes         |             |             | Job Search Expense                           |             |             |
| List Other Taxes                |             |             | Uniforms                                     |             |             |
|                                 |             |             | Small Tools                                  |             |             |
| <b>INTEREST</b>                 |             |             | Job Supplies                                 |             |             |
| Home mortgage interest on F1098 |             |             | Other Business (see next page)               |             |             |
| Mortgage interest not on F1098  |             |             |  |             |             |
| Name                            |             |             | Federal Estate Tax for Decedent              |             |             |
| Address                         |             |             | Gambling Loss to extent<br>Gambling Winnings |             |             |
| ID#                             |             |             | List Other                                   |             |             |
| Points not on Form 1098         |             |             |  |             |             |
| Investment Interest             |             |             |  |             |             |