

T/S/J

2023 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

[1] \_\_\_\_\_ + \_\_\_\_\_ [2]
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

[4] \_\_\_\_\_ + \_\_\_\_\_ [5]
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

[7] \_\_\_\_\_ + \_\_\_\_\_ [8]
\_\_\_\_\_ + \_\_\_\_\_

Prescription medicines and drugs:

[10] \_\_\_\_\_ + \_\_\_\_\_ [11]
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_

[13] Miles driven for medical items (22 cents) \_\_\_\_\_ [14]

Prior Year Information grid with multiple horizontal lines for data entry.

Schedule A - Tax Expenses

T/S/J

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State/local income taxes paid:

[18] \_\_\_\_\_ + \_\_\_\_\_ [19]
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_

2022 state and local income taxes paid in 2023:

[21] \_\_\_\_\_ + \_\_\_\_\_ [22]
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_

Real estate taxes paid:

[24] \_\_\_\_\_ + \_\_\_\_\_ [25]
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_

Personal property taxes:

[27] \_\_\_\_\_ + \_\_\_\_\_ [28]
\_\_\_\_\_ + \_\_\_\_\_

Other taxes, such as: foreign taxes and State disability taxes

[30] \_\_\_\_\_ + \_\_\_\_\_ [31]
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_

Sales tax paid on major purchases:

[36] \_\_\_\_\_ + \_\_\_\_\_ [37]
\_\_\_\_\_ + \_\_\_\_\_

Sales tax paid on actual expenses:

[39] \_\_\_\_\_ + \_\_\_\_\_ [40]
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_

Prior Year Information grid with multiple horizontal lines for data entry.

Control Totals +

T/S/J	2023 Interest Paid <sup>2]</sup>	2023 Points Paid	Type*	Prior Year Information
Home mortgage interest: From Form 1098				
[1] _____	+ _____	+ _____	_____	[Shaded area]
_____	+ _____	+ _____	_____	
_____	+ _____	+ _____	_____	
_____	+ _____	+ _____	_____	
_____	+ _____	+ _____	_____	
_____	+ _____	+ _____	_____	
_____	+ _____	+ _____	_____	
_____	+ _____	+ _____	_____	
_____	+ _____	+ _____	_____	
_____	+ _____	+ _____	_____	

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home    1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2023 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]	_____	_____	+ _____	[5]
Address _____				[Shaded area]
City, state and zip code _____				
	_____	_____	+ _____	
Address _____				
City, state and zip code _____				

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

— Payer's/Borrower's name \_\_\_\_\_ [7]

— Street Address \_\_\_\_\_

— City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2023 -**

— Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]

— Recipient/Lender name \_\_\_\_\_

— Total points paid at time of refinance \_\_\_\_\_

— Points deemed as paid in 2023 (Preparer use only) + \_\_\_\_\_ [12]

— Date of refinance \_\_\_\_\_

— Term of new loan (in months) \_\_\_\_\_

— Reported on Form 1098 in 2023 \_\_\_\_\_

— Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

— Recipient/Lender name \_\_\_\_\_

— Total points paid at time of refinance \_\_\_\_\_

— Points deemed as paid in 2023 (Preparer use only) + \_\_\_\_\_

— Date of refinance \_\_\_\_\_

— Term of new loan (in months) \_\_\_\_\_

— Reported on Form 1098 in 2023 \_\_\_\_\_

T/S/J	2023 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15] _____	+ _____ [16]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

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Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

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[5] Volunteer miles driven \_\_\_\_\_ [6]

Noncash items, such as: Goodwill/Salvation Army/clothing/household goods

[8]

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Miscellaneous Deductions

T/S/J

2023 Information

Prior Year Information

Other expenses

[12]

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Gambling losses: (Enter only if you have gambling income)

[15]

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NOTES/QUESTIONS: