

T/S/J

2021 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 _____ [14]

Vertical shaded area for Prior Year Information with horizontal lines for data entry.

Schedule A - Tax Expenses

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State/local income taxes paid:

[18] _____ + _____ [19]
_____ + _____
_____ + _____
_____ + _____

2020 state and local income taxes paid in 2021:

[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]
_____ + _____
_____ + _____

Vertical shaded area for Prior Year Information with horizontal lines for data entry.

Control Totals +

Interest Expenses

T/S/J	2021 Interest Paid ²⁾	2021 Points Paid	Type*	2021 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1] _____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	

***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	2021 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4] _____	_____	_____	+	[5] _____
Address _____				
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 2021 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2021 (**Preparer use only**) _____ + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2021 _____

Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2021 (**Preparer use only**) _____ + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2021 _____

T/S/J	2021 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)

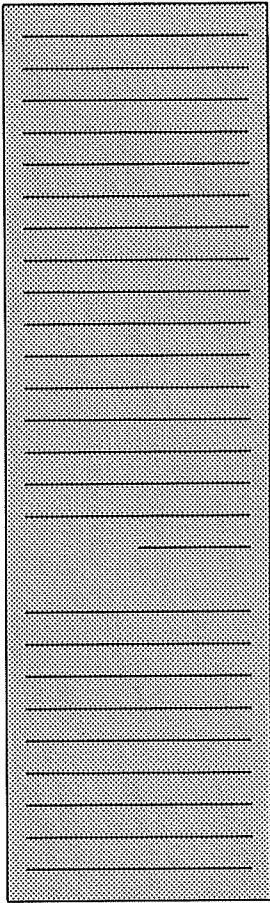
Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

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

[2]	_____	+	_____	[3]
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	

[5] Volunteer miles driven _____ [6]
 Noncash items, such as: Goodwill/Salvation Army/clothing/household goods

[8]	_____	+	_____	[9]
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
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	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	



Miscellaneous Deductions

T/S/J

2021 Information

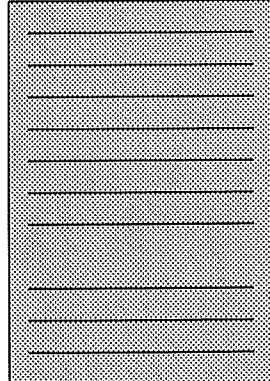
Prior Year Information

Other expenses

[12]	_____	+	_____	[13]
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	

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

[15]	_____	+	_____	[16]
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	



NOTES/QUESTIONS: