## SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service

## Schedule A—Itemized Deductions

(Schedule B is on back)

► Attach to Form 1040. ► See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074
1984

Name(s) as shown on Form 1040					Your social security number			
Medical and Dental Expenses	1 2	Prescription medicines and drugs; and insulin	1					
(Do not include	2	you paid for medical and dental care, etc	2a					
expenses		<b>b</b> Transportation and lodging	2b					
reimbursed or paid by others.)		c Other (list—include hearing aids, dentures, eyeglasses, etc.)						
		<b>-</b>	2c					
(See Instruc-	3	Add lines 1 through 2c, and write the total here	3	·				
tions on page 19)	4	Multiply the amount on Form 1040, line 33, by 5% (.05)	4					
	5	Subtract line 4 from line 3. If zero or less, write -0 Total med	ical a	nd dental . 🕨	5			
Taxes You	6	State and local income taxes	6					
Paid	7	Real estate taxes	7					
(\$00	. 8	<b>a</b> General sales tax (see sales tax tables in instruction booklet)	8a					
(See Instruc-	_	<b>b</b> General sales tax on motor vehicles	8b					
tions on page 20)	9	Other taxes (list—include personal property taxes)	9					
,	10	Add the amounts on lines 6 through 9. Write the total her	e. To	tal taxes . ▶	10			
	11		11a					
Interest You Paid		<b>b</b> Home mortgage interest you paid to individuals (show that			İ			
. aiu		person's name and address)					<b>V</b> ///////	
(See Instruc-			11b					
tions on		Total credit card and charge account interest you paid	12				<b>X</b> ///////	
page 20)	13	Other interest you paid (list)					<b>X</b> ////////	
							<b>X</b> ///////	
							<b>X</b> ////////////////////////////////////	
			13				<b>X</b> ////////////////////////////////////	
	14	Add the amounts on lines 11a through 13. Write the total here	Tota	I interest . >	14			
Contributions	15		15a				<b>X</b> ////////////////////////////////////	
You Made		organization, report those contributions on line 15b.)	134					
(See		<b>b</b> Cash contributions totaling \$3,000 or more to any one						
Înstruc-		organization. (Show to whom you gave and how much you gave.) ▶						
tions on page 20)		guve./ P	15b					
, ,	16	Other than cash (attach required statement)	16					
	17						X/////////////////////////////////////	
	18				18		X/////////////////////////////////////	
Casualty and Theft Losses	19		nilar s	tatement.)	19			
Missellaneous	20	arryover from prior year						
Miscellaneous Deductions		Tax return preparation fee	21					
	22	Other (list type and amount)						
(See Instruc-								
tions on page 21)								
,			22					
	23	Add the amounts on lines 20 through 22. Write the total here. <b>Tota</b>		ellaneous <b>&gt;</b>	23	//////////////////////////////////////	X//////////	
Summary of		That the amountee on miles to through the total hold forth miles and to						
Itemized 24 Add the amounts on lines 5, 10, 14, 18, 19, and 23. Write your answer here.  Deductions					24			
(See	25	If you checked Form 1040 Filing Status box 2 or 5, write \$3,40 Filing Status box 1 or 4, write \$2,30	2)		25			
Înstruc-	_•	Filing Status box 1 or 4, write \$2,50	<b>`</b> }					
tions on page 22)	26	Subtract line 25 from line 24. Write your answer here and on Form	1040	, line 34a. (If				
		line 25 is more than line 24, see the Instructions for line 26 on page	22.)	<u> ▶</u>	26			

Schedules A&B (Forn Name(s) as shown or	To 1040) 1984 Schedule B—Interest and Dividend Income Of Form 1040 (Do not enter name and social security number if shown on other side.)		IB No. 1545-0 ur social secur		
Part I nterest ncome	If you received more than \$400 in interest income, you must complete Part I and list received interest as a nominee for another, or you received or paid accrued interest on so interest payment dates, or you received any interest from an All-Savers Certificate, see page	ecuriti	iterest rece es transfer	ived. red be	If yo
See	Interest income	Amount			
nstruc-	1 Interest income from seller-financed mortgages. (See Instructions and show name of				
ons on ages 8 and 22)	payer.) >	1			
also complete	2 Other interest income (list name of payer) ▶				
	•••••				
					ļ
					<u> </u>
					1
		2			
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					-
					-
					$\vdash$
	3 Add the amounts on lines 1 and 2. Write the total here and on Form 1040, line 8 . ▶	3			
	If you received more than \$400 in gross dividends (including capital gain distributions		other dist	ibutic	
art II Dividend	stock, or you are electing to exclude qualified reinvested dividends from a public uti received dividends as a nominee for another, see page 22.	lity, c	omplete Pa	rt II.	If yo
ncome	Name of payer		Amo	unt	
See	4				
nstruc-	'				
ons on ages 8 and 22)					
llso complete 'art III.					
		4			
		•			<u> </u>
					-
	5 Add the amounts on line 4. Write the total here	5			<u> </u>
	6 Capital gain distributions. Enter here and on line 15,				<b>V</b>
	Schedule D.*	į			
	7 Nontaxable distributions. (See Schedule D Instructions for adjustment to basis.)				
	8 Exclusion of qualified reinvested dividends from a public				<b>\</b> \\\\\
	utility. (See page 23 of Instructions.)				<b>X//////</b>
	9 Add the amounts on lines 6, 7, and 8. Write the total here	9			
	10 Subtract line 9 from line 5. Write the result here and on Form 1040, line 9a	10			
	*If you received capital gain distributions for the year and you do not need Schedule E losses, do not file that schedule. Instead, enter 40% of your capital gain distributions of	to re n Forn	port any otl n 1040, line	ner ga 14.	ins c
art III oreign	If you received more than \$400 of interest or dividends, OR if you had a foreign acc grantor of, or a transferor to, a foreign trust, you must answer both questions in Part II		or were a	Yes	No
ccounts	11 At any time during the tax year, did you have an interest in or a signature or other a	author	itv over a		
nd oreign	bank account, securities account, or other financial account in a foreign country? (See				
rusts	Instructions for exceptions and filing requirements for Form TD F 90-22.1.)	-			
<b>.</b>	16 (iVe- 2) and Alexander of the Constant				<i>\\\\\\\</i>
See	if "Yes," write the name of the foreign country ▶			,,,,,,,,,,,,	
See nstruc- ions on	12 Were you the grantor of, or transferor to, a foreign trust which existed during the current tax not you have any beneficial interest in it? If "Yes," you may have to file Forms 3520, 3520-	year,	whether or	,,,,,,,,,	