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

Name(s) as shown on Form 1040						Tour social security number		
Medical and Dental Expenses	1 2	Prescription medicines and drugs; and insulin	1		-1			
•	2	a Doctors, dentists, nurses, hospitals, insurance premiums you paid for medical and dental care, etc.	2a				XIIIIII	
(Do not include expenses		b Transportation and lodging	2b				<i>XIIIIII.</i>	
reimbursed or		c Other (list—include hearing aids, dentures, eyeglasses, etc.)			!		XIIIIII.	
paid by others.)		>					<i>XIIIIII.</i>	
(See			2c				<i>XIIIIII.</i>	
Instruc- tions on page 19.)	3	Add lines 1 through 2c, and write the total here	3				XIIIIII.	
	4	Multiply the amount on Form 1040, line 33, by 5% (.05)	4	d dontal N	5	<i>XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</i>	<i>()(((((((((((((((((((((((((((((((((((</i>	
		Subtract line 4 from line 3. If zero or less, write -0 Total medi	6 6	u uentai.	<u> </u>			
Taxes You Paid	6	State and local income taxes	7			V	XIIIIII.	
	7	Real estate taxes	8a	nega ^{ta}		V	<i>XIIIIII.</i>	
(See	8	General sales tax (see sales tax tables in instruction booklet) General sales tax on motor vehicles	8b			V	<i>XIIIIII.</i>	
Instruc- tions on	9	Other taxes (list—include personal property taxes)		-		V/////////////////////////////////////	XIIIII.	
page 20.)	•	Other taxes (list illinoidae personal proporty taxes)	9				MHHHH	
	10	Add the amounts on lines 6 through 9. Write the total here	e. Tot	al taxes . ►	10			
Interest Von	11	a Home mortgage interest you paid to financial institutions	11a				<i>XIIIIII</i>	
Interest You Paid		b Home mortgage interest you paid to individuals (show that				V		
		person's name and address)	11b			V/////////////////////////////////////	XIIIII.	
(See Instruc-			12				<i>XIIIIII.</i>	
tions on		Total credit card and charge account interest you paid	12			V		
page 20.)	13	Other interest you paid (list)					<i>MIIIII</i>	
						V/////////////////////////////////////		
			1			V/////////////////////////////////////	MIIIII.	
			13				MAAAAAAA	
		Add the amounts on lines 11a through 13. Write the total here.	Total	interest . >	14			
Contributions	15	a Cash contributions. (If you gave \$3,000 or more to any one	15a					
You Made		organization, report those contributions on line 15b.)	134			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
(\$00		b Cash contributions totaling \$3,000 or more to any one						
(See Instruc-		organization. (Show to whom you gave and how much you gave.) ▶						
tions on page 21.)			15b			V		
	16	Other than cash. (You must attach Form 8283 if over \$500.).	16			Y		
	17	Carryover from prior year	17				Millilli	
	18	Add the amounts on lines 15a through 17. Write the total here. Tot	al con	tributions . 🕨	18	***************************************		
Casualty and	19	Total casualty or theft loss(es). (You must attach Form 4684 or sin					<i>'10</i> 4////////////////////////////////////	
Theft Losses		(See page 21 of Instructions.)	20	<u> ▶</u>	19			
Miscellaneous Deductions	20	•	21		-	V		
	21	Tax return preparation fee				V		
(See	22	Other (list type and amount)				V/////////////////////////////////////		
Instruc- tions on						V/////////////////////////////////////		
page 21.)						V		
			22			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
	_23	Add the amounts on lines 20 through 22. Write the total here. Total	<u>l misc</u>	ellaneous. 🕨	23			
Summary of Itemized	24	Add the amounts on lines 5, 10, 14, 18, 19, and 23. Write your ans	ere	24				
Deductions		Filing Status box 2 or 5, write \$3,540						
(See	25	If you checked Form 1040 Filing Status box 1 or 4, write \$2,390	ŏ}		25	Ε	 	
Instruc- tions on		(Filing Status box 3, write \$1,770	J					
page 22.)	26	Subtract line 25 from line 24. Write your answer here and on Form line 25 is more than line 24, see the Instructions for line 26 on page	1040, e 22.)	line 34a. (If	26			

Schedules A&B (Form		_	MB No. 1545-007		<u>2</u>				
Name(s) as shown on	Form 1040 (Do not enter name and social security number if shown on other side.)	Yo	ur social security	number					
Part I Interest Income	If you received more than \$400 in interest income, you must complete Part I and list ALL interest received. If you received interest as a nominee for another, or you received or paid accrued interest on securities transferred between interest payment dates, see page 22.								
(See	Interest income		Amour	nt	_				
Înstruc-	1 Interest income from seller-financed mortgages. (See Instructions and show name of								
tions on pages 8 and 22.)	payer.) ►	1							
	2 Other interest income (list name of payer) ▶								
Also complete Part III.	, , ,				_				
		2							
				ŀ					
	3 Add the amounts on lines 1 and 2. Write the total here and on Form 1040, line 8 .	3	<u></u>						
Part II Dividend	If you received more than \$400 in gross dividends and other distributions on stock, o qualified reinvested dividends from a public utility, complete Part II. If you received another, see page 23.	r you I divid	are electing t lends as a no	to exclud minee f	de or				
Income	Dividend income		Amour	nt					
(See Instruc-	4 Dividend income (list name of payer—include on line 4 capital gain distributions, nontaxable distributions, etc.) ▶								
tions on pages 8 and 22.)					_				
Also complete Part III.					_				
rait III.		-			_				
		۱.							
	•••••••••••	4			_				
	•••••								
				·	_				
					_				
	5 Add the amounts on line 4. Write the total here	5			,,,,,,				
	6 Capital gain distributions. Enter here and on line 15,		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>						
	Schedule D.*		<i>-\ </i>						
	7 Nontaxable distributions. (See Schedule D Instructions for adjustment to basis.)		<i>-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>						
	8 Exclusion of qualified reinvested dividends from a public		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>						
	utility. (See page 23 of Instructions.)		<i></i>	//////////////////////////////////////					
	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	<u></u>	L					
	*If you received capital gain distributions for the year and you do not need Schedule D to report any other								
	losses, do not file that schedule. Instead, enter 40% of your capital gain distributions of			14.	_				
Part III Foreign	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 I	ount II.	or were a	Yes No)				
Accounts and	11 At any time during the tax year, did you have an interest in or a signature or other authorit	y over	a financial						
Foreign	account in a foreign country (such as a bank account, securities account, or other financia	al acco	ount)? (See						
Trusts	page 23 of the Instructions for exceptions and filing requirements for Form TD F 90-22.1.)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	יוונו				
(See Instruc-	If "Yes," write the name of the foreign country ▶		🦬						
tions on	12 Were you the grantor of, or transferor to, a foreign trust which existed during the current tax								
page 23.)	not you have any beneficial interest in it? If "Yes," you may have to file Forms 3520, 3520-				_				
For Paperwork Re	duction Act Notice, see Form 1040 Instructions.	Sche	dule B (Form 1	040) 198	35				