



**Schedule A**  
*Itemized Deductions*

<b>Medical and Dental Expenses</b>	Prescription Medication	\$
	Health Insurance Premiums	
	a. From Form(s) 1099-R	\$
	b. For Medical Care	\$
	c. Medicare Premiums	\$
	d. Taxpayer's gross long-term care premiums	\$
	f. Spouse's gross long-term care premiums	\$
	h. Dependent's gross long-term care premiums	\$
	Fees for doctors, dentist, etc.	\$
	Fees for hospitals, clinics, etc.	\$
	Lab and x-ray fees	\$
	Expenses for qualified long-term care	\$
	Eyeglasses and contact lenses	\$
	Medical Equipment & Supplies	\$
	Medical Transportation expense:	
	Medical Miles Driven:	
	Other medical transportation (i.e. ambulance fees)	\$
Lodging for Medical purposes:	\$	
Other Medical and Dental Expenses:	\$	

<b>Taxes You Paid</b>	Real Estate Taxes (Primary Residence): Form 1098	\$
	Real Estate Taxes (Secondary Residence): Form 1098	\$
	Motor Vehicle Tax:	\$
	Sales Tax on Motor Vehicle Purchase:	\$
	Other Taxes (please describe):	\$

<b>Interest You Paid</b>	<b>Home mortgage interest &amp; point reported on Form 1098</b>	\$
	Home mortgage interest <i>not</i> reported on Form 1098	\$
	Points <i>not</i> reported on Form 1098	\$
	Qualified mortgage insurance premiums	\$
	Investment interest	\$

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Phone: 888.681.1518  
Fax: 818.806.3038  
Web: [www.lodge-co.com](http://www.lodge-co.com)

Charitable Donations (Cash)	Name:	\$
		\$
		\$
		\$
		\$

Charitable Donations (Non-Cash)	Name/Description/Date of donation	Value
		\$
		\$
		\$
		\$

**You may complete this form in any of the following ways:**

- 1) Manually
- 2) Download the form from [www.MaryJoWalker.com](http://www.MaryJoWalker.com) and complete it as a fillable form to put in your tax envelope.

**I have prepared this form to the best of my ability and have provided the tax preparer with any information that may support my Schedule A. Taxpayer Initials: \_\_\_\_\_ Spouse: \_\_\_\_\_**

Notes / Issues – please write below: